

**\*\*Public Disclosure Copy\*\***

|   |   |   |
|---|---|---|
| <b>Form 990</b><br><small>Department of the Treasury<br/>Internal Revenue Service</small> | <b>Return of Organization Exempt From Income Tax</b><br><b>Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)</b><br><b>Do not enter social security numbers on this form as it may be made public.</b><br><b>Go to <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information.</b> | <small>OMB No. 1545-0047</small><br><b>2018</b><br><b>Open to Public Inspection</b> |
|   | <b>A For the 2018 calendar year, or tax year beginning and ending</b>   |   |
|   |   |   |

|  |  |  |
|--|--|--|
| <b>B</b> Check if applicable:<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Final return/terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C Name of organization</b><br><b>EVERYTOWN FOR GUN SAFETY ACTION FUND, INC.</b><br><b>Doing business as</b><br><b>Number and street (or P.O. box if mail is not delivered to street address) Room/suite</b><br><b>P.O. BOX 4184</b><br><b>City or town, state or province, country, and ZIP or foreign postal code</b><br><b>NEW YORK, NY 10163</b><br><b>F Name and address of principal officer: JOHN FEINBLATT</b><br><b>P.O. BOX 4184, NEW YORK, NY 10163</b> | <b>D Employer identification number</b><br><b>20-8802884</b><br><b>E Telephone number</b><br><b>646-324-8250</b><br><b>G Gross receipts \$</b> <b>70,625,355.</b><br><b>H(a) Is this a group return for subordinates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><b>H(b) Are all subordinates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "No," attach a list. (see instructions)<br><b>H(c) Group exemption number</b> |
| <b>I Tax-exempt status:</b> <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) ( 4 ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527   |  |  |
| <b>J Website:</b> <b>WWW.EVERYTOWN.ORG</b>   |  |  |
| <b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other <b>L Year of formation:</b> <b>2007</b> <b>M State of legal domicile:</b> <b>DE</b>                                      |  |  |

|                                    |  |   |                    |
|------------------------------------|--|---|--------------------|
| <b>Part I Summary</b>              |  |   |                    |
| <b>Activities &amp; Governance</b> | <b>1</b>   | Briefly describe the organization's mission or most significant activities: <b>THE PRIMARY ACTIVITY OF EVERYTOWN FOR GUN SAFETY ACTION FUND IS PROMOTING GUN SAFETY</b> |                    |
|                                    | <b>2</b>   | Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.                                 |                    |
|                                    | <b>3</b>   | Number of voting members of the governing body (Part VI, line 1a)   | <b>4</b>           |
|                                    | <b>4</b>   | Number of independent voting members of the governing body (Part VI, line 1b)   | <b>4</b>           |
|                                    | <b>5</b>   | Total number of individuals employed in calendar year 2018 (Part V, line 2a)  | <b>198</b>         |
|                                    | <b>6</b>   | Total number of volunteers (estimate if necessary)  | <b>2794012</b>     |
|                                    | <b>7a</b>  | Total unrelated business revenue from Part VIII, column (C), line 12  | <b>0.</b>          |
| <b>7b</b>                          | Net unrelated business taxable income from Form 990-T, line 38 | <b>73,099.</b>  |                    |
| <b>Revenue</b>                     | <b>8</b>   | Contributions and grants (Part VIII, line 1h)   | <b>35,309,396.</b> |
|                                    | <b>9</b>   | Program service revenue (Part VIII, line 2g)  | <b>147,447.</b>    |
|                                    | <b>10</b>  | Investment income (Part VIII, column (A), lines 3, 4, and 7d)   | <b>284,694.</b>    |
|                                    | <b>11</b>  | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  | <b>0.</b>          |
|                                    | <b>12</b>  | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)  | <b>35,741,537.</b> |
| <b>Expenses</b>                    | <b>13</b>  | Grants and similar amounts paid (Part IX, column (A), lines 1-3)  | <b>898,670.</b>    |
|                                    | <b>14</b>  | Benefits paid to or for members (Part IX, column (A), line 4)   | <b>0.</b>          |
|                                    | <b>15</b>  | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)   | <b>11,419,281.</b> |
|                                    | <b>16a</b>   | Professional fundraising fees (Part IX, column (A), line 11e)   | <b>384,106.</b>    |
|                                    | <b>b</b>   | Total fundraising expenses (Part IX, column (D), line 25) <b>2,374,538.</b>   |                    |
|                                    | <b>17</b>  | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)  | <b>19,942,313.</b> |
|                                    | <b>18</b>  | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)   | <b>32,644,370.</b> |
|                                    | <b>19</b>  | Revenue less expenses. Subtract line 18 from line 12  | <b>3,097,167.</b>  |
|                                    | <b>20</b>  | Total assets (Part X, line 16)  | <b>15,266,990.</b> |
| <b>Net Assets or Fund Balances</b> | <b>21</b>  | Total liabilities (Part X, line 26)   | <b>1,447,078.</b>  |
|                                    | <b>22</b>  | Net assets or fund balances. Subtract line 21 from line 20  | <b>13,819,912.</b> |

|   |                                 |                                  |                              |   |                  |
|---|---------------------------------|----------------------------------|------------------------------|---|------------------|
| <b>Part II Signature Block</b>  |                                 |                                  |                              |   |                  |
| Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. |                                 |                                  |                              |   |                  |
| <b>Sign Here</b>  |                                 | Signature of officer             | Date                         | <b>11/15/19</b>                                 |                  |
|   |                                 | <b>JOHN FEINBLATT, PRESIDENT</b> | Type or print name and title |   |                  |
| <b>Paid Preparer Use Only</b>   | Print/Type preparer's name      | Preparer's signature             | Date                         | Check if self-employed <input type="checkbox"/> | PTIN             |
|   | <b>CHARLES POMO</b>             |                                  | <b>11/13/19</b>              |   | <b>P00445956</b> |
|   | Firm's name                     | Firm's EIN                       |                              |   |                  |
|   | <b>GELLER &amp; COMPANY LLC</b> | <b>13-4149326</b>                |                              |   |                  |
|   | Firm's address                  | Phone no.                        |                              |   |                  |
|   | <b>P.O. BOX 1510</b>            | <b>212-583-6000</b>              |                              |   |                  |
|   | <b>NEW YORK, NY 10150</b>       |                                  |                              |   |                  |

Form **8868**  
(Rev. January 2019)

Department of the Treasury  
Internal Revenue Service

## Application for Automatic Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

- ▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

### Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

|   |   | Enter filer's identifying number                                 |
|---|---|--|
| <b>Type or print</b><br><br><small>File by the due date for filing your return. See instructions.</small> | Name of exempt organization or other filer, see instructions.<br><br><b>EVERYTOWN FOR GUN SAFETY ACTION FUND INC</b>  | Employer identification number (EIN) or<br><br><b>20-8802884</b> |
|   | Number, street, and room or suite no. If a P.O. box, see instructions.<br><b>P.O. BOX 4184</b>                        | Social security number (SSN)                                     |
|   | City, town or post office, state, and ZIP code. For a foreign address, see instructions.<br><b>NEW YORK, NY 10163</b> |  |

Enter the Return Code for the return that this application is for (file a separate application for each return) 01

| Application Is For                       | Return Code | Application Is For                | Return Code |
|--|-------------|-----------------------------------|-------------|
| Form 990 or Form 990-EZ                  | 01          | Form 990-T (corporation)          | 07          |
| Form 990-BL                              | 02          | Form 1041-A                       | 08          |
| Form 4720 (individual)                   | 03          | Form 4720 (other than individual) | 09          |
| Form 990-PF                              | 04          | Form 5227                         | 10          |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05          | Form 6069                         | 11          |
| Form 990-T (trust other than above)      | 06          | Form 8870                         | 12          |

**TARA PAONE C/O GELLER ADVISORS LLC**

- The books are in the care of ▶ **PO BOX 1510 - NEW YORK, NY 10150**  
Telephone No. ▶ **212-583-6000** Fax No. ▶ **212-583-6241**
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ☐. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 1** I request an automatic 6-month extension of time until **NOVEMBER 15, 2019**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
▶ ☒ calendar year **2018** or  
▶ ☐ tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

- 2** If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return  
☐ Change in accounting period

|   |           |              |
|---|-----------|--------------|
| <b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.                                   | <b>3a</b> | \$ <b>0.</b> |
| <b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | <b>3b</b> | \$ <b>0.</b> |
| <b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.              | <b>3c</b> | \$ <b>0.</b> |

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA **For Privacy Act and Paperwork Reduction Act Notice, see instructions.**

Form **8868** (Rev. 1-2019)

|                 |   |
|-----------------|---|
| <b>Part III</b> | <b>Statement of Program Service Accomplishments</b> |
|-----------------|---|

Check if Schedule O contains a response or note to any line in this Part III ☒

1 Briefly describe the organization's mission:  
 THE PRIMARY ACTIVITY OF EVERYTOWN FOR GUN SAFETY ACTION FUND IS  
 PROMOTING GUN SAFETY LEGISLATION AND INITIATIVES AND REDUCING GUN  
 VIOLENCE THROUGH THE EDUCATION OF POLICYMAKERS, THE PUBLIC, AND THE  
 MEDIA AND ORGANIZING COMMUNITIES IN SUPPORT OF GUN SAFETY.

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No  
If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?..... ☐ Yes ☒ No  
If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 58,033,031. including grants of \$ 2,646,655. ) (Revenue \$ )  
2018 MARKED A PIVOTAL TURNING POINT IN THE FIGHT TO END GUN VIOLENCE, AND EVERYTOWN FOR GUN SAFETY ACTION FUND WAS AT THE FOREFRONT OF THAT PROGRESS. THE TRAGIC SHOOTING IN PARKLAND ONE YEAR AGO SHOOK THE NATION, BUT ALSO GALVANIZED A MOVEMENT, LED TO UNPRECEDENTED GROWTH AND PAVED THE WAY FOR HISTORIC VICTORIES ALL ACROSS THE COUNTRY. ON DEFENSE, WE COMPLETELY STOPPED THE TWO MOST DANGEROUS POLICIES BACKED BY THE GUN LOBBY: CONCEALED CARRY RECIPROCITY AND THE DEREGULATION OF SILENCERS. BUT THE GREATER ACCOMPLISHMENTS CAME AT THE STATE LEVEL, WHERE THE ACTION FUND'S ADVOCACY LED TO THE PASSAGE OF MEANINGFUL GUN SAFETY LEGISLATION IN 20 STATES. THESE INCLUDED LAWS STRENGTHENING BACKGROUND CHECKS, RED FLAG LAWS, LAWS TO TAKE GUNS OUT OF THE HANDS OF DOMESTIC ABUSERS, AND OTHER POLICIES THAT DISRUPT ACCESS TO FIREARMS BY

**4b** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4c** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

|  |                        |               |   |
|--|------------------------|---------------|---|
| <b>4d Other program services (Describe in Schedule O.)</b> |                        |               |   |
| (Expenses \$   | including grants of \$ | ) (Revenue \$ | ) |

|    |                                  |             |
|----|----------------------------------|-------------|
| 4e | Total program service expenses ▶ | 58,033,031. |
|----|----------------------------------|-------------|

Form **990** (2018)

**Part IV Checklist of Required Schedules**

|   | Yes        | No       |
|---|------------|----------|
| <b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?<br><i>If "Yes," complete Schedule A</i>  | <b>1</b>   | <b>X</b> |
| <b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?   | <b>2</b>   | <b>X</b> |
| <b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>  | <b>3</b>   | <b>X</b> |
| <b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>   | <b>4</b>   |          |
| <b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>   | <b>5</b>   | <b>X</b> |
| <b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>  | <b>6</b>   | <b>X</b> |
| <b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>  | <b>7</b>   | <b>X</b> |
| <b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>   | <b>8</b>   | <b>X</b> |
| <b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>            | <b>9</b>   | <b>X</b> |
| <b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>   | <b>10</b>  | <b>X</b> |
| <b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.   |            |          |
| <b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>   | <b>11a</b> | <b>X</b> |
| <b>b</b> Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>   | <b>11b</b> | <b>X</b> |
| <b>c</b> Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>   | <b>11c</b> | <b>X</b> |
| <b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>  | <b>11d</b> | <b>X</b> |
| <b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>   | <b>11e</b> | <b>X</b> |
| <b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>  | <b>11f</b> | <b>X</b> |
| <b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>  | <b>12a</b> | <b>X</b> |
| <b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year?<br><i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>  | <b>12b</b> | <b>X</b> |
| <b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>  | <b>13</b>  | <b>X</b> |
| <b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?  | <b>14a</b> | <b>X</b> |
| <b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> | <b>14b</b> | <b>X</b> |
| <b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>   | <b>15</b>  | <b>X</b> |
| <b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>   | <b>16</b>  | <b>X</b> |
| <b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>   | <b>17</b>  | <b>X</b> |
| <b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>   | <b>18</b>  | <b>X</b> |
| <b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>   | <b>19</b>  | <b>X</b> |
| <b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>   | <b>20a</b> | <b>X</b> |
| <b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?   | <b>20b</b> |          |
| <b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>  | <b>21</b>  | <b>X</b> |

**\*\*Public Disclosure Copy\*\***  
**EVERYTOWN FOR GUN SAFETY ACTION FUND,**  
**INC.**

Form 990 (2018)

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**Part IV Checklist of Required Schedules** (continued)

|   | Yes        | No       |
|---|------------|----------|
| <b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III   | <b>22</b>  | <b>X</b> |
| <b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J  | <b>23</b>  | <b>X</b> |
| <b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a                           | <b>24a</b> | <b>X</b> |
| <b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  | <b>24b</b> |          |
| <b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?   | <b>24c</b> |          |
| <b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  | <b>24d</b> |          |
| <b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I  | <b>25a</b> | <b>X</b> |
| <b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I  | <b>25b</b> | <b>X</b> |
| <b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II                                 | <b>26</b>  | <b>X</b> |
| <b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III | <b>27</b>  | <b>X</b> |
| <b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):   |            |          |
| <b>a</b> A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  | <b>28a</b> | <b>X</b> |
| <b>b</b> A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV   | <b>28b</b> | <b>X</b> |
| <b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV   | <b>28c</b> | <b>X</b> |
| <b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  | <b>29</b>  | <b>X</b> |
| <b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M  | <b>30</b>  | <b>X</b> |
| <b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I  | <b>31</b>  | <b>X</b> |
| <b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II  | <b>32</b>  | <b>X</b> |
| <b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  | <b>33</b>  | <b>X</b> |
| <b>34</b> Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1  | <b>34</b>  | <b>X</b> |
| <b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?  | <b>35a</b> | <b>X</b> |
| <b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  | <b>35b</b> |          |
| <b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2   | <b>36</b>  |          |
| <b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI   | <b>37</b>  | <b>X</b> |
| <b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  | <b>38</b>  | <b>X</b> |

**Note.** All Form 990 filers are required to complete Schedule O

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response or note to any line in this Part V ☐

|   | Yes       | No         |
|---|-----------|------------|
| <b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable  | <b>1a</b> | <b>124</b> |
| <b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  | <b>1b</b> | <b>0</b>   |
| <b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | <b>1c</b> | <b>X</b>   |

**Part V Statements Regarding Other IRS Filings and Tax Compliance** (continued)

|  |               | Yes | No |
|--|---------------|-----|----|
| <b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return .....  | <b>2a</b> 198 |     |    |
| <b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .....  | <b>2b</b>     | X   |    |
| <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) .....   |               |     |    |
| <b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? .....  | <b>3a</b>     | X   |    |
| <b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O .....   | <b>3b</b>     | X   |    |
| <b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? ..... | <b>4a</b>     |     | X  |
| <b>b</b> If "Yes," enter the name of the foreign country: ▶ .....  |               |     |    |
| See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  |               |     |    |
| <b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? .....  | <b>5a</b>     |     | X  |
| <b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? .....  | <b>5b</b>     |     | X  |
| <b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T? .....   | <b>5c</b>     |     |    |
| <b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? .....                                    | <b>6a</b>     | X   |    |
| <b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? .....   | <b>6b</b>     | X   |    |
| <b>7 Organizations that may receive deductible contributions under section 170(c).</b>   |               |     |    |
| <b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? .....   | <b>7a</b>     |     |    |
| <b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? .....   | <b>7b</b>     |     |    |
| <b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? .....  | <b>7c</b>     |     |    |
| <b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year .....   | <b>7d</b>     |     |    |
| <b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? .....   | <b>7e</b>     |     |    |
| <b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .....  | <b>7f</b>     |     |    |
| <b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? ...  | <b>7g</b>     |     |    |
| <b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? .....  | <b>7h</b>     |     |    |
| <b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? .....   | <b>8</b>      |     |    |
| <b>9 Sponsoring organizations maintaining donor advised funds.</b>   |               |     |    |
| <b>a</b> Did the sponsoring organization make any taxable distributions under section 4966? .....  | <b>9a</b>     |     |    |
| <b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? .....   | <b>9b</b>     |     |    |
| <b>10 Section 501(c)(7) organizations.</b> Enter:  |               |     |    |
| <b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 .....  | <b>10a</b>    |     |    |
| <b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities .....   | <b>10b</b>    |     |    |
| <b>11 Section 501(c)(12) organizations.</b> Enter:   |               |     |    |
| <b>a</b> Gross income from members or shareholders .....   | <b>11a</b>    |     |    |
| <b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) .....  | <b>11b</b>    |     |    |
| <b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? .....  | <b>12a</b>    |     |    |
| <b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year .....   | <b>12b</b>    |     |    |
| <b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>   |               |     |    |
| <b>a</b> Is the organization licensed to issue qualified health plans in more than one state? .....  | <b>13a</b>    |     |    |
| <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.   |               |     |    |
| <b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans .....   | <b>13b</b>    |     |    |
| <b>c</b> Enter the amount of reserves on hand .....  | <b>13c</b>    |     |    |
| <b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? .....  | <b>14a</b>    |     | X  |
| <b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .....   | <b>14b</b>    |     |    |
| <b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? .....   | <b>15</b>     |     | X  |
| If "Yes," see instructions and file Form 4720, Schedule N.   |               |     |    |
| <b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? .....  | <b>16</b>     |     | X  |
| If "Yes," complete Form 4720, Schedule O.  |               |     |    |

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**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI ☒ **X**

**Section A. Governing Body and Management**

|   |           |          | Yes      | No       |
|---|-----------|----------|----------|----------|
| <b>1a</b> Enter the number of voting members of the governing body at the end of the tax year   | <b>1a</b> | <b>4</b> |          |          |
| If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.             |           |          |          |          |
| <b>b</b> Enter the number of voting members included in line 1a, above, who are independent   | <b>1b</b> | <b>4</b> |          |          |
| <b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?  | <b>2</b>  |          |          | <b>X</b> |
| <b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? | <b>3</b>  |          |          | <b>X</b> |
| <b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?   | <b>4</b>  |          |          | <b>X</b> |
| <b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?   | <b>5</b>  |          |          | <b>X</b> |
| <b>6</b> Did the organization have members or stockholders?   | <b>6</b>  |          | <b>X</b> |          |
| <b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  | <b>7a</b> |          | <b>X</b> |          |
| <b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  | <b>7b</b> |          |          | <b>X</b> |
| <b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  |           |          |          |          |
| <b>a</b> The governing body?  | <b>8a</b> |          | <b>X</b> |          |
| <b>b</b> Each committee with authority to act on behalf of the governing body?  | <b>8b</b> |          |          | <b>X</b> |
| <b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O         | <b>9</b>  |          |          | <b>X</b> |

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

|   |            | Yes      | No       |  |
|---|------------|----------|----------|--|
| <b>10a</b> Did the organization have local chapters, branches, or affiliates?   | <b>10a</b> | <b>X</b> |          |  |
| <b>b</b> If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?   | <b>10b</b> | <b>X</b> |          |  |
| <b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  | <b>11a</b> | <b>X</b> |          |  |
| <b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.  |            |          |          |  |
| <b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13  | <b>12a</b> | <b>X</b> |          |  |
| <b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  | <b>12b</b> | <b>X</b> |          |  |
| <b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done   | <b>12c</b> | <b>X</b> |          |  |
| <b>13</b> Did the organization have a written whistleblower policy?   | <b>13</b>  | <b>X</b> |          |  |
| <b>14</b> Did the organization have a written document retention and destruction policy?  | <b>14</b>  | <b>X</b> |          |  |
| <b>15</b> Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  |            |          |          |  |
| <b>a</b> The organization's CEO, Executive Director, or top management official   | <b>15a</b> |          | <b>X</b> |  |
| <b>b</b> Other officers or key employees of the organization  | <b>15b</b> |          | <b>X</b> |  |
| If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).   |            |          |          |  |
| <b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  | <b>16a</b> |          | <b>X</b> |  |
| <b>b</b> If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? | <b>16b</b> |          |          |  |

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed **▶ AL, AR, CA, FL, HI, IL, KS, KY, MA, MD, MN, MO**

**18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☐ Own website    ☐ Another's website    ☒ Upon request    ☐ Other (explain in Schedule O)

**19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

**20** State the name, address, and telephone number of the person who possesses the organization's books and records **▶**  
**TARA PAONE C/O GELLER ADVISORS LLC - 212-583-6000**  
**PO BOX 1510, NEW YORK, NY 10150**





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**INC.**

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**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|  |   | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
|  |   |   |                       |         |              |                              |        |  |   |   |
|  |   |   |                       |         |              |                              |        |  |   |   |
|  |   |   |                       |         |              |                              |        |  |   |   |
|  |   |   |                       |         |              |                              |        |  |   |   |
|  |   |   |                       |         |              |                              |        |  |   |   |
|  |   |   |                       |         |              |                              |        |  |   |   |
|  |   |   |                       |         |              |                              |        |  |   |   |
|  |   |   |                       |         |              |                              |        |  |   |   |
|  |   |   |                       |         |              |                              |        |  |   |   |
|  |   |   |                       |         |              |                              |        |  |   |   |
|  |   |   |                       |         |              |                              |        |  |   |   |
|  |   |   |                       |         |              |                              |        |  |   |   |
|  |   |   |                       |         |              |                              |        |  |   |   |
|  |   |   |                       |         |              |                              |        |  |   |   |
|  |   |   |                       |         |              |                              |        |  |   |   |
| <b>1b Sub-total</b>  |   |   |                       |         |              |                              |        | <b>1,331,601.</b>  | <b>0.</b>   | <b>151,307.</b>   |
| <b>c Total from continuation sheets to Part VII, Section A</b> |   |   |                       |         |              |                              |        | <b>0.</b>  | <b>0.</b>   | <b>0.</b>   |
| <b>d Total (add lines 1b and 1c)</b>                           |   |   |                       |         |              |                              |        | <b>1,331,601.</b>  | <b>0.</b>   | <b>151,307.</b>   |

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **47**

|  | Yes      | No       |
|--|----------|----------|
| <b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>                                       | <b>3</b> | <b>X</b> |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> | <b>4</b> | <b>X</b> |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>                       | <b>5</b> | <b>X</b> |

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

| (A)<br>Name and business address   | (B)<br>Description of services     | (C)<br>Compensation |
|--|------------------------------------|---------------------|
| BULLY PULPIT INTERACTIVE LLC, 1445 NEW YORK AVENUE NW, 5TH FLOOR, WASHINGTON, DC | ADVERTISING                        | 5,453,284.          |
| THE MARKHAM GROUP, LLC<br>1000 W 3RD STREET, LITTLE ROCK, AR 72201               | EVENT ORGANIZING                   | 3,631,102.          |
| GELLER ADVISORS LLC<br>PO BOX 1510, NEW YORK, NY 10150                           | FINANCIAL AND<br>ADVISORY SERVICES | 3,446,759.          |
| CHONG + KOSTER LLC, 1640 RHODE ISLAND NW, SUITE 600, WASHINGTON, DC 20036        | ADVERTISING                        | 2,181,595.          |
| VENABLE LLP, 750 E. PRATT STREET, SUITE 900, BALTIMORE, MD 21202                 | LEGAL SERVICES                     | 2,095,413.          |

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **53**

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**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII ☐

|  |  |  |                      | (A)           | (B)                                      | (C)                              | (D)   |
|--|--|--|----------------------|---------------|--|----------------------------------|---|
|  |  |  |                      | Total revenue | Related or<br>exempt function<br>revenue | Unrelated<br>business<br>revenue | Revenue excluded<br>from tax under<br>sections<br>512 - 514 |
| <b>Contributions, Gifts, Grants<br/>and Other Similar Amounts</b>  | <b>1 a</b> Federated campaigns .....   | <b>1a</b>  |                      |               |  |                                  |   |
|  | <b>b</b> Membership dues .....   | <b>1b</b>  |                      |               |  |                                  |   |
|  | <b>c</b> Fundraising events .....  | <b>1c</b>  |                      |               |  |                                  |   |
|  | <b>d</b> Related organizations .....   | <b>1d</b>  |                      |               |  |                                  |   |
|  | <b>e</b> Government grants (contributions) .....   | <b>1e</b>  |                      |               |  |                                  |   |
|  | <b>f</b> All other contributions, gifts, grants, and<br>similar amounts not included above ..... | <b>1f</b>  | 66,885,200.          |               |  |                                  |   |
|  | <b>g</b> Noncash contributions included in lines 1a-1f: \$ .....                                 |  | 1,059,099.           |               |  |                                  |   |
|  | <b>h Total.</b> Add lines 1a-1f .....  |  |                      | 66,885,200.   |  |                                  |   |
| <b>Program Service<br/>Revenue</b>   | <b>2 a</b> OTHER INCOME .....  | <b>Business Code</b>   | 541900               | 1,922,432.    | 1,922,432.                               |                                  |   |
|  | <b>b</b> OTHER PROGRAM SERVICE .....   |  | 900099               | 469,506.      | 469,506.                                 |                                  |   |
|  | <b>c</b> .....   |  |                      |               |  |                                  |   |
|  | <b>d</b> .....   |  |                      |               |  |                                  |   |
|  | <b>e</b> .....   |  |                      |               |  |                                  |   |
|  | <b>f</b> All other program service revenue .....   |  |                      |               |  |                                  |   |
|  | <b>g Total.</b> Add lines 2a-2f .....  |  |                      | 2,391,938.    |  |                                  |   |
|  | <b>Other Revenue</b>   | <b>3</b> Investment income (including dividends, interest, and<br>other similar amounts) ..... |                      |               | 255,123.                                 |                                  |   |
| <b>4</b> Income from investment of tax-exempt bond proceeds .....  |  |  |                      |               |  |                                  |   |
| <b>5</b> Royalties .....   |  |  |                      |               |  |                                  |   |
| <b>6 a</b> Gross rents .....   |  | (i) Real   | (ii) Personal        |               |  |                                  |   |
| <b>b</b> Less: rental expenses .....   |  |  |                      |               |  |                                  |   |
| <b>c</b> Rental income or (loss) .....   |  |  |                      |               |  |                                  |   |
| <b>d</b> Net rental income or (loss) .....   |  |  |                      |               |  |                                  |   |
| <b>7 a</b> Gross amount from sales of<br>assets other than inventory .....   |  | (i) Securities   | (ii) Other           |               |  |                                  |   |
|  |  | 1,093,094.   |                      |               |  |                                  |   |
| <b>b</b> Less: cost or other basis<br>and sales expenses .....   |  | 1,059,099.   |                      |               |  |                                  |   |
| <b>c</b> Gain or (loss) .....  |  | 33,995.  |                      |               |  |                                  |   |
| <b>d</b> Net gain or (loss) .....  |  |  |                      | 33,995.       |  |                                  | 33,995.   |
| <b>8 a</b> Gross income from fundraising events (not<br>including \$ _____ of<br>contributions reported on line 1c). See<br>Part IV, line 18 ..... |  | <b>a</b>   |                      |               |  |                                  |   |
| <b>b</b> Less: direct expenses .....   |  | <b>b</b>   |                      |               |  |                                  |   |
| <b>c</b> Net income or (loss) from fundraising events .....  |  |  |                      |               |  |                                  |   |
| <b>9 a</b> Gross income from gaming activities. See<br>Part IV, line 19 .....  |  | <b>a</b>   |                      |               |  |                                  |   |
| <b>b</b> Less: direct expenses .....   |  | <b>b</b>   |                      |               |  |                                  |   |
| <b>c</b> Net income or (loss) from gaming activities .....   |  |  |                      |               |  |                                  |   |
| <b>10 a</b> Gross sales of inventory, less returns<br>and allowances .....   | <b>a</b>   |  |                      |               |  |                                  |   |
| <b>b</b> Less: cost of goods sold .....  | <b>b</b>   |  |                      |               |  |                                  |   |
| <b>c</b> Net income or (loss) from sales of inventory .....  |  |  |                      |               |  |                                  |   |
| <b>Miscellaneous Revenue</b>   |  |  | <b>Business Code</b> |               |  |                                  |   |
| <b>11 a</b> .....  |  |  |                      |               |  |                                  |   |
| <b>b</b> .....   |  |  |                      |               |  |                                  |   |
| <b>c</b> .....   |  |  |                      |               |  |                                  |   |
| <b>d</b> All other revenue .....   |  |  |                      |               |  |                                  |   |
| <b>e Total.</b> Add lines 11a-11d .....  |  |  |                      |               |  |                                  |   |
| <b>12 Total revenue.</b> See instructions .....  |  |  |                      | 69,566,256.   | 2,391,938.                               | 0.                               | 289,118.  |

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**EVERYTOWN FOR GUN SAFETY ACTION FUND,**  
**INC.**

Form 990 (2018)

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**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☐

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.   | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| <b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21  | 2,646,655.            | 2,646,655.                      |  |                             |
| <b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22   |                       |                                 |  |                             |
| <b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16  |                       |                                 |  |                             |
| <b>4</b> Benefits paid to or for members   |                       |                                 |  |                             |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees  |                       |                                 |  |                             |
| <b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)   |                       |                                 |  |                             |
| <b>7</b> Other salaries and wages  | 10,313,916.           | 9,321,725.                      | 697,814.                               | 294,377.                    |
| <b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)  |                       |                                 |  |                             |
| <b>9</b> Other employee benefits   | 2,314,241.            | 2,126,424.                      | 132,887.                               | 54,930.                     |
| <b>10</b> Payroll taxes  | 854,331.              | 776,317.                        | 55,197.                                | 22,817.                     |
| <b>11</b> Fees for services (non-employees):   |                       |                                 |  |                             |
| <b>a</b> Management  |                       |                                 |  |                             |
| <b>b</b> Legal   | 2,165,320.            | 1,844,918.                      | 247,436.                               | 72,966.                     |
| <b>c</b> Accounting  | 3,500,459.            |                                 | 3,500,459.                             |                             |
| <b>d</b> Lobbying  | 4,031,985.            | 4,031,294.                      | 691.                                   |                             |
| <b>e</b> Professional fundraising services. See Part IV, line 17   | 513,351.              |                                 |  | 513,351.                    |
| <b>f</b> Investment management fees  |                       |                                 |  |                             |
| <b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)   | 6,171,369.            | 4,815,689.                      | 806,060.                               | 549,620.                    |
| <b>12</b> Advertising and promotion  | 8,246,918.            | 8,229,473.                      | 17,445.                                |                             |
| <b>13</b> Office expenses  | 1,702,749.            | 1,178,881.                      | 70,021.                                | 453,847.                    |
| <b>14</b> Information technology   | 502,886.              | 223,757.                        | 279,129.                               |                             |
| <b>15</b> Royalties  |                       |                                 |  |                             |
| <b>16</b> Occupancy  | 524,887.              | 16,309.                         | 508,578.                               |                             |
| <b>17</b> Travel   | 1,777,226.            | 1,517,424.                      | 73,071.                                | 186,731.                    |
| <b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials   |                       |                                 |  |                             |
| <b>19</b> Conferences, conventions, and meetings   | 812,930.              | 791,513.                        | 18,768.                                | 2,649.                      |
| <b>20</b> Interest   |                       |                                 |  |                             |
| <b>21</b> Payments to affiliates   |                       |                                 |  |                             |
| <b>22</b> Depreciation, depletion, and amortization  | 69,390.               |                                 | 69,390.                                |                             |
| <b>23</b> Insurance  | 155,086.              | 20,182.                         | 134,904.                               |                             |
| <b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) |                       |                                 |  |                             |
| <b>a</b> <b>POLITICAL CONTRIBUTIONS</b>  | 17,149,006.           | 17,149,006.                     |  |                             |
| <b>b</b> <b>POLLING &amp; SURVEYS</b>  | 1,955,730.            | 1,955,730.                      |  |                             |
| <b>c</b> <b>EMAIL ACQUISITION</b>  | 1,258,393.            | 1,206,883.                      |  | 51,510.                     |
| <b>d</b> <b>BANK &amp; CREDIT CARD FEES</b>  | 554,253.              | 17,134.                         | 537,119.                               |                             |
| <b>e</b> All other expenses  | 975,331.              | 163,717.                        | 639,874.                               | 171,740.                    |
| <b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e  | 68,196,412.           | 58,033,031.                     | 7,788,843.                             | 2,374,538.                  |
| <b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.                              |                       |                                 |  |                             |

Check here ☐ if following SOP 98-2 (ASC 958-720)

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**EVERYTOWN FOR GUN SAFETY ACTION FUND,**  
**INC.**

Form 990 (2018)

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**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X ☐

|  |  | (A)<br>Beginning of year |             | (B)<br>End of year |
|--|--|--------------------------|-------------|--------------------|
| <b>Assets</b>  | <b>1</b> Cash - non-interest-bearing .....   | 5,359,330.               | <b>1</b>    | 2,962,483.         |
|  | <b>2</b> Savings and temporary cash investments .....  | 4,623,335.               | <b>2</b>    | 6,369,863.         |
|  | <b>3</b> Pledges and grants receivable, net .....  | 3,084,655.               | <b>3</b>    | 6,098,708.         |
|  | <b>4</b> Accounts receivable, net .....  | 1,783,268.               | <b>4</b>    | 423,063.           |
|  | <b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....   |                          | <b>5</b>    |                    |
|  | <b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L ..... |                          | <b>6</b>    |                    |
|  | <b>7</b> Notes and loans receivable, net .....   |                          | <b>7</b>    |                    |
|  | <b>8</b> Inventories for sale or use .....   |                          | <b>8</b>    |                    |
|  | <b>9</b> Prepaid expenses and deferred charges .....   | 311,566.                 | <b>9</b>    | 361,309.           |
|  | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....   | 272,233.                 |             |                    |
|  | <b>b</b> Less: accumulated depreciation .....  | 98,795.                  | <b>10c</b>  | 173,438.           |
|  | <b>11</b> Investments - publicly traded securities .....   |                          | <b>11</b>   |                    |
|  | <b>12</b> Investments - other securities. See Part IV, line 11 .....   |                          | <b>12</b>   |                    |
|  | <b>13</b> Investments - program-related. See Part IV, line 11 .....  |                          | <b>13</b>   |                    |
|  | <b>14</b> Intangible assets .....  | 42,804.                  | <b>14</b>   |                    |
|  | <b>15</b> Other assets. See Part IV, line 11 .....   |                          | <b>15</b>   |                    |
| <b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) ..... | 15,266,990.  | <b>16</b>                | 16,388,864. |                    |
| <b>Liabilities</b>   | <b>17</b> Accounts payable and accrued expenses .....  | 1,347,078.               | <b>17</b>   | 1,199,109.         |
|  | <b>18</b> Grants payable .....   | 100,000.                 | <b>18</b>   |                    |
|  | <b>19</b> Deferred revenue .....   |                          | <b>19</b>   |                    |
|  | <b>20</b> Tax-exempt bond liabilities .....  |                          | <b>20</b>   |                    |
|  | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....  |                          | <b>21</b>   |                    |
|  | <b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....   |                          | <b>22</b>   |                    |
|  | <b>23</b> Secured mortgages and notes payable to unrelated third parties .....   |                          | <b>23</b>   |                    |
|  | <b>24</b> Unsecured notes and loans payable to unrelated third parties .....   |                          | <b>24</b>   |                    |
|  | <b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....  |                          | <b>25</b>   |                    |
|  | <b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....  | 1,447,078.               | <b>26</b>   | 1,199,109.         |
| <b>Net Assets or Fund Balances</b>   | <b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>  |                          |             |                    |
|  | <b>27</b> Unrestricted net assets .....  | 10,735,257.              | <b>27</b>   | 8,818,852.         |
|  | <b>28</b> Temporarily restricted net assets .....  | 3,084,655.               | <b>28</b>   | 6,370,903.         |
|  | <b>29</b> Permanently restricted net assets .....  |                          | <b>29</b>   |                    |
|  | <b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>   |                          |             |                    |
|  | <b>30</b> Capital stock or trust principal, or current funds .....   |                          | <b>30</b>   |                    |
|  | <b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....   |                          | <b>31</b>   |                    |
|  | <b>32</b> Retained earnings, endowment, accumulated income, or other funds .....   |                          | <b>32</b>   |                    |
|  | <b>33</b> <b>Total net assets or fund balances</b> .....   | 13,819,912.              | <b>33</b>   | 15,189,755.        |
|  | <b>34</b> <b>Total liabilities and net assets/fund balances</b> .....  | 15,266,990.              | <b>34</b>   | 16,388,864.        |

Form **990** (2018)

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI ☐

|           |  |           |             |
|-----------|--|-----------|-------------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12)  | <b>1</b>  | 69,566,256. |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)   | <b>2</b>  | 68,196,412. |
| <b>3</b>  | Revenue less expenses. Subtract line 2 from line 1   | <b>3</b>  | 1,369,844.  |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                      | <b>4</b>  | 13,819,912. |
| <b>5</b>  | Net unrealized gains (losses) on investments   | <b>5</b>  |             |
| <b>6</b>  | Donated services and use of facilities   | <b>6</b>  |             |
| <b>7</b>  | Investment expenses  | <b>7</b>  |             |
| <b>8</b>  | Prior period adjustments   | <b>8</b>  |             |
| <b>9</b>  | Other changes in net assets or fund balances (explain in Schedule O)   | <b>9</b>  | 0.          |
| <b>10</b> | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | <b>10</b> | 15,189,756. |

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII ☐

|   | Yes | No |
|---|-----|----|
| <b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other<br>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.  |     |    |
| <b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant?<br>If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis |     | X  |
| <b>b</b> Were the organization's financial statements audited by an independent accountant?<br>If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:<br><input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                 | X   |    |
| <b>c</b> If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?<br>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.  |     | X  |
| <b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?  |     | X  |
| <b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits   |     |    |

Form **990** (2018)

## Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service

## Schedule of Contributors

- ▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

# 2018

Name of the organization

EVERYTOWN FOR GUN SAFETY ACTION FUND,  
INC.

Employer identification number

20-8802884

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)( 4 ) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

### General Rule

- ☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

### Special Rules

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

**EVERYTOWN FOR GUN SAFETY ACTION FUND,  
INC.**

Employer identification number

**20-8802884****Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution  |
|------------|-----------------------------------|----------------------------|--|
| <u>1</u>   |                                   | \$ <u>38,829,511.</u>      | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| <u>2</u>   |                                   | \$ <u>1,000,000.</u>       | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| <u>3</u>   |                                   | \$ <u>1,000,000.</u>       | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| <u>4</u>   |                                   | \$ <u>1,000,000.</u>       | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| <u>5</u>   |                                   | \$ <u>1,100,000.</u>       | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| <u>6</u>   |                                   | \$ <u>4,785,187.</u>       | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |

|   |   |
|---|---|
| Name of organization<br><b>EVERYTOWN FOR GUN SAFETY ACTION FUND,<br/>INC.</b> | Employer identification number<br><b>20-8802884</b> |
|---|---|

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| <u>7</u>   | <br><br><br>                      | \$ <u>750,000.</u>         | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| <u>8</u>   | <br><br><br>                      | \$ <u>500,000.</u>         | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| <u>9</u>   | <br><br><br>                      | \$ <u>420,000.</u>         | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| <u>10</u>  | <br><br><br>                      | \$ <u>250,000.</u>         | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| <u>11</u>  | <br><br><br>                      | \$ <u>250,000.</u>         | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| <u>12</u>  | <br><br><br>                      | \$ <u>250,000.</u>         | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |



|   |   |
|---|---|
| Name of organization<br><b>EVERYTOWN FOR GUN SAFETY ACTION FUND,<br/>INC.</b> | Employer identification number<br><b>20-8802884</b> |
|---|---|

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| 13         |                                   | \$ 250,000.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 14         |                                   | \$ 204,000.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 15         |                                   | \$ 200,000.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 16         |                                   | \$ 150,000.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 17         |                                   | \$ 150,000.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 18         |                                   | \$ 150,000.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

|   |   |
|---|---|
| Name of organization<br><b>EVERYTOWN FOR GUN SAFETY ACTION FUND, INC.</b> | Employer identification number<br><b>20-8802884</b> |
|---|---|

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| 19         |                                   | \$ 102,532.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 20         |                                   | \$ 100,000.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 21         |                                   | \$ 100,000.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 22         |                                   | \$ 100,000.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 23         |                                   | \$ 100,000.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 24         |                                   | \$ 100,000.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

|   |   |
|---|---|
| Name of organization<br><b>EVERYTOWN FOR GUN SAFETY ACTION FUND, INC.</b> | Employer identification number<br><b>20-8802884</b> |
|---|---|

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| 25         |                                   | \$ 100,000.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 26         |                                   | \$ 100,000.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 27         |                                   | \$ 100,000.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 28         |                                   | \$ 100,000.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 29         |                                   | \$ 100,000.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 30         |                                   | \$ 75,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

|   |   |
|---|---|
| Name of organization<br><b>EVERYTOWN FOR GUN SAFETY ACTION FUND,<br/>INC.</b> | Employer identification number<br><b>20-8802884</b> |
|---|---|

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| 31         |                                   | \$ 75,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 32         |                                   | \$ 50,607.                 | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 33         |                                   | \$ 50,500.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 34         |                                   | \$ 50,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 35         |                                   | \$ 50,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 36         |                                   | \$ 50,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

|   |   |
|---|---|
| Name of organization<br><b>EVERYTOWN FOR GUN SAFETY ACTION FUND, INC.</b> | Employer identification number<br><b>20-8802884</b> |
|---|---|

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| 37         |                                   | \$ 50,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 38         |                                   | \$ 50,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 39         |                                   | \$ 50,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 40         |                                   | \$ 50,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 41         |                                   | \$ 35,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 42         |                                   | \$ 26,200.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

|   |   |
|---|---|
| Name of organization<br><b>EVERYTOWN FOR GUN SAFETY ACTION FUND,<br/>INC.</b> | Employer identification number<br><b>20-8802884</b> |
|---|---|

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| <u>43</u>  |                                   | \$ <u>25,872.</u>          | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| <u>44</u>  |                                   | \$ <u>25,000.</u>          | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| <u>45</u>  |                                   | \$ <u>25,000.</u>          | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| <u>46</u>  |                                   | \$ <u>22,550.</u>          | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| <u>47</u>  |                                   | \$ <u>22,000.</u>          | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| <u>48</u>  |                                   | \$ <u>20,000.</u>          | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

|   |   |
|---|---|
| Name of organization<br><b>EVERYTOWN FOR GUN SAFETY ACTION FUND,<br/>INC.</b> | Employer identification number<br><b>20-8802884</b> |
|---|---|

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| 49         |                                   | \$ 18,085.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 50         |                                   | \$ 17,500.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 51         |                                   | \$ 16,667.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 52         |                                   | \$ 15,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 53         |                                   | \$ 13,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 54         |                                   | \$ 12,500.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

|   |   |
|---|---|
| Name of organization<br><b>EVERYTOWN FOR GUN SAFETY ACTION FUND, INC.</b> | Employer identification number<br><b>20-8802884</b> |
|---|---|

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| 55         |                                   | \$ 11,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 56         |                                   | \$ 11,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 57         |                                   | \$ 11,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 58         |                                   | \$ 10,500.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 59         |                                   | \$ 10,325.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 60         |                                   | \$ 10,250.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |



|   |   |
|---|---|
| Name of organization<br><b>EVERYTOWN FOR GUN SAFETY ACTION FUND, INC.</b> | Employer identification number<br><b>20-8802884</b> |
|---|---|

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| 61         |                                   | \$ 10,100.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 62         |                                   | \$ 10,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 63         |                                   | \$ 10,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 64         |                                   | \$ 10,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 65         |                                   | \$ 10,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 66         |                                   | \$ 10,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

|   |   |
|---|---|
| Name of organization<br><b>EVERYTOWN FOR GUN SAFETY ACTION FUND, INC.</b> | Employer identification number<br><b>20-8802884</b> |
|---|---|

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| 67         |                                   | \$ 10,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 68         |                                   | \$ 10,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 69         |                                   | \$ 10,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 70         |                                   | \$ 10,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 71         |                                   | \$ 10,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 72         |                                   | \$ 10,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

Name of organization

**EVERYTOWN FOR GUN SAFETY ACTION FUND,  
INC.**

Employer identification number

**20-8802884****Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| 73         |                                   | \$ 10,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 74         |                                   | \$ 10,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 75         |                                   | \$ 10,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 76         |                                   | \$ 10,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 77         |                                   | \$ 10,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 78         |                                   | \$ 10,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

|   |   |
|---|---|
| Name of organization<br><b>EVERYTOWN FOR GUN SAFETY ACTION FUND,<br/>INC.</b> | Employer identification number<br><b>20-8802884</b> |
|---|---|

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| 79         |                                   | \$ 10,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 80         |                                   | \$ 10,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 81         |                                   | \$ 10,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 82         |                                   | \$ 10,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 83         |                                   | \$ 9,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 84         |                                   | \$ 8,500.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

|   |   |
|---|---|
| Name of organization<br><b>EVERYTOWN FOR GUN SAFETY ACTION FUND,<br/>INC.</b> | Employer identification number<br><b>20-8802884</b> |
|---|---|

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| 85         |                                   | \$ 7,900.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 86         |                                   | \$ 8,400.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 87         |                                   | \$ 8,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 88         |                                   | \$ 13,974.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 89         |                                   | \$ 7,500.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 90         |                                   | \$ 5,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

|   |   |
|---|---|
| Name of organization<br><b>EVERYTOWN FOR GUN SAFETY ACTION FUND, INC.</b> | Employer identification number<br><b>20-8802884</b> |
|---|---|

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| 91         |                                   | \$ 7,500.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 92         |                                   | \$ 7,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 93         |                                   | \$ 7,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 94         |                                   | \$ 6,750.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 95         |                                   | \$ 6,750.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 96         |                                   | \$ 6,622.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

|   |   |
|---|---|
| Name of organization<br><b>EVERYTOWN FOR GUN SAFETY ACTION FUND, INC.</b> | Employer identification number<br><b>20-8802884</b> |
|---|---|

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| 97         |                                   | \$ 6,608.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 98         |                                   | \$ 6,500.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 99         |                                   | \$ 6,321.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 100        |                                   | \$ 6,150.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 101        |                                   | \$ 6,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 102        |                                   | \$ 6,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

|   |   |
|---|---|
| Name of organization<br><b>EVERYTOWN FOR GUN SAFETY ACTION FUND, INC.</b> | Employer identification number<br><b>20-8802884</b> |
|---|---|

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| <u>103</u> |                                   | \$ <u>6,000.</u>           | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| <u>104</u> |                                   | \$ <u>6,000.</u>           | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| <u>105</u> |                                   | \$ <u>6,000.</u>           | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| <u>106</u> |                                   | \$ <u>6,000.</u>           | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| <u>107</u> |                                   | \$ <u>5,800.</u>           | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| <u>108</u> |                                   | \$ <u>5,635.</u>           | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |



|   |   |
|---|---|
| Name of organization<br><b>EVERYTOWN FOR GUN SAFETY ACTION FUND,<br/>INC.</b> | Employer identification number<br><b>20-8802884</b> |
|---|---|

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| 109        |                                   | \$ 5,450.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 110        |                                   | \$ 5,132.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 111        |                                   | \$ 5,120.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 112        |                                   | \$ 5,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 113        |                                   | \$ 5,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 114        |                                   | \$ 5,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

|   |   |
|---|---|
| Name of organization<br><b>EVERYTOWN FOR GUN SAFETY ACTION FUND,<br/>INC.</b> | Employer identification number<br><b>20-8802884</b> |
|---|---|

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| 115        |                                   | \$ 5,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 116        |                                   | \$ 5,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 117        |                                   | \$ 5,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 118        |                                   | \$ 5,025.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 119        |                                   | \$ 5,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 120        |                                   | \$ 5,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

|   |   |
|---|---|
| Name of organization<br><b>EVERYTOWN FOR GUN SAFETY ACTION FUND, INC.</b> | Employer identification number<br><b>20-8802884</b> |
|---|---|

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| 121        |                                   | \$ 5,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 122        |                                   | \$ 5,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 123        |                                   | \$ 5,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 124        |                                   | \$ 5,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 125        |                                   | \$ 5,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 126        |                                   | \$ 5,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

|   |   |
|---|---|
| Name of organization<br><b>EVERYTOWN FOR GUN SAFETY ACTION FUND, INC.</b> | Employer identification number<br><b>20-8802884</b> |
|---|---|

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| 127        |                                   | \$ 5,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 128        |                                   | \$ 5,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 129        |                                   | \$ 5,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 130        |                                   | \$ 5,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 131        |                                   | \$ 5,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 132        |                                   | \$ 5,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

|   |   |
|---|---|
| Name of organization<br><b>EVERYTOWN FOR GUN SAFETY ACTION FUND, INC.</b> | Employer identification number<br><b>20-8802884</b> |
|---|---|

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| 133        |                                   | \$ 5,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 134        |                                   | \$ 5,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 135        |                                   | \$ 5,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 136        |                                   | \$ 5,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 137        |                                   | \$ 5,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 138        |                                   | \$ 5,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

|   |   |
|---|---|
| Name of organization<br><b>EVERYTOWN FOR GUN SAFETY ACTION FUND,<br/>INC.</b> | Employer identification number<br><b>20-8802884</b> |
|---|---|

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution  |
|------------|-----------------------------------|----------------------------|--|
| <u>139</u> | <br><br><br>                      | \$ <u>5,000.</u>           | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for<br>noncash contributions.) |
| <u>140</u> | <br><br><br>                      | \$ <u>5,000.</u>           | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for<br>noncash contributions.) |
| <u>141</u> | <br><br><br>                      | \$ <u>5,000.</u>           | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for<br>noncash contributions.) |
| <u>142</u> | <br><br><br>                      | \$ <u>5,000.</u>           | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for<br>noncash contributions.) |
| <u>143</u> | <br><br><br>                      | \$ <u>5,000.</u>           | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for<br>noncash contributions.) |
| <u>144</u> | <br><br><br>                      | \$ <u>5,000.</u>           | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for<br>noncash contributions.) |

|   |   |
|---|---|
| Name of organization<br><b>EVERYTOWN FOR GUN SAFETY ACTION FUND, INC.</b> | Employer identification number<br><b>20-8802884</b> |
|---|---|

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| 145        |                                   | \$ 5,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 146        |                                   | \$ 5,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 147        |                                   | \$ 5,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 148        |                                   | \$ 5,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 149        |                                   | \$ 5,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 150        |                                   | \$ 5,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

Name of organization

**EVERYTOWN FOR GUN SAFETY ACTION FUND,  
INC.**

Employer identification number

**20-8802884****Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| 151        |                                   | \$ 5,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 152        |                                   | \$ 5,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 153        |                                   | \$ 5,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 154        |                                   | \$ 5,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 155        |                                   | \$ 5,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 156        |                                   | \$ 5,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |



|   |   |
|---|---|
| Name of organization<br><b>EVERYTOWN FOR GUN SAFETY ACTION FUND, INC.</b> | Employer identification number<br><b>20-8802884</b> |
|---|---|

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| 157        |                                   | \$ 5,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 158        |                                   | \$ 5,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 159        |                                   | \$ 5,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 160        |                                   | \$ 5,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 161        |                                   | \$ 5,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 162        |                                   | \$ 5,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

|   |   |
|---|---|
| Name of organization<br><b>EVERYTOWN FOR GUN SAFETY ACTION FUND, INC.</b> | Employer identification number<br><b>20-8802884</b> |
|---|---|

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution  |
|------------|-----------------------------------|----------------------------|--|
| 163        |                                   | \$ 12,910,677.             | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |
|            |                                   |                            | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)                       |
|            |                                   |                            | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)                       |
|            |                                   |                            | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)                       |
|            |                                   |                            | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)                       |
|            |                                   |                            | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)                       |
|            |                                   |                            | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)                       |

Employer identification number

20-8802884

[illegible]

|   |   |
|---|---|
| Name of organization<br><b>EVERYTOWN FOR GUN SAFETY ACTION FUND, INC.</b> | Employer identification number<br><b>20-8802884</b> |
|---|---|

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------|---------------------|-----------------|-------------------------------------|
| _____               | _____               | _____           | _____                               |
|                     | _____               | _____           | _____                               |
|                     | _____               | _____           | _____                               |

**(e) Transfer of gift**

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

|       |       |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------|---------------------|-----------------|-------------------------------------|
| _____               | _____               | _____           | _____                               |
|                     | _____               | _____           | _____                               |
|                     | _____               | _____           | _____                               |

**(e) Transfer of gift**

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

|       |       |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------|---------------------|-----------------|-------------------------------------|
| _____               | _____               | _____           | _____                               |
|                     | _____               | _____           | _____                               |
|                     | _____               | _____           | _____                               |

**(e) Transfer of gift**

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

|       |       |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------|---------------------|-----------------|-------------------------------------|
| _____               | _____               | _____           | _____                               |
|                     | _____               | _____           | _____                               |
|                     | _____               | _____           | _____                               |

**(e) Transfer of gift**

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

|       |       |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

**SCHEDULE C**  
**(Form 990 or 990-EZ)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527  
▶ **Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

**If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then**

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

**If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then**

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

**If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then**

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

|                      |   |                                |                   |
|----------------------|---|--------------------------------|-------------------|
| Name of organization | <b>EVERYTOWN FOR GUN SAFETY ACTION FUND, INC.</b> | Employer identification number | <b>20-8802884</b> |
|----------------------|---|--------------------------------|-------------------|

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures ..... ▶ \$ **25,949,522.**
- 3 Volunteer hours for political campaign activities .....

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... ▶ \$
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... ▶ \$
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ..... ☐ Yes ☐ No
- 4a Was a correction made? ..... ☐ Yes ☐ No
- b If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... ▶ \$ **8,842,516.**
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... ▶ \$ **17,107,006.**
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ..... ▶ \$ **25,949,522.**
- 4 Did the filing organization file **Form 1120-POL** for this year? ..... ☒ Yes ☐ No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

| (a) Name                               | (b) Address               | (c) EIN    | (d) Amount paid from filing organization's funds. If none, enter -0-. | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-. |
|--|---------------------------|------------|---|--|
| 2018 FUND                              | SAINT PAUL , MN<br>55104  | 74-3238362 | 50,000.   | 0.   |
| A NEW DAY FOR NM -<br>DAYAN HOCHMAN-VI | ALBUQUERQUE , NM<br>87113 | 82-4553308 | 2,500.  | 0.   |
| A STRONG NEW MEXICO                    | ALBUQUERQUE , NM<br>87107 | 46-5473431 | 5,500.  | 0.   |
| A STRONGER MICHIGAN                    | WASHINGTON , DC<br>20005  | 82-4509198 | 610,000.  | 0.   |
| ABBASFORM                              | ALBUQUERQUE , NM<br>87123 | 82-5410969 | 2,500.  | 0.   |
| ALLIANCE FOR<br>PROGRESS               | DES MOINES , IA<br>50265  | 81-3686955 | 300,000.  | 0.   |

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2018

LHA

**SEE PART IV FOR CONTINUATION**

832041 11-08-18

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

- A** Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check ☐ if the filing organization checked box A and "limited control" provisions apply.

| Limits on Lobbying Expenditures<br>(The term "expenditures" means amounts paid or incurred.)   | (a) Filing organization's totals                   | (b) Affiliated group totals        |                    |                               |   |  |   |  |  |   |                   |              |  |  |
|--|--|------------------------------------|--------------------|-------------------------------|---|--|---|--|--|---|-------------------|--------------|--|--|
| <b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying) .....   |  |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....   |  |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....   |  |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>d</b> Other exempt purpose expenditures .....   |  |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....   |  |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.  |  |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width:65%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table> | If the amount on line 1e, column (a) or (b) is:    | The lobbying nontaxable amount is: | Not over \$500,000 | 20% of the amount on line 1e. | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | Over \$17,000,000 | \$1,000,000. |  |  |
| If the amount on line 1e, column (a) or (b) is:  | The lobbying nontaxable amount is:                 |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| Not over \$500,000   | 20% of the amount on line 1e.                      |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| Over \$500,000 but not over \$1,000,000  | \$100,000 plus 15% of the excess over \$500,000.   |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| Over \$1,000,000 but not over \$1,500,000  | \$175,000 plus 10% of the excess over \$1,000,000. |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| Over \$1,500,000 but not over \$17,000,000   | \$225,000 plus 5% of the excess over \$1,500,000.  |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| Over \$17,000,000  | \$1,000,000.                                       |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....   |  |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....   |  |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....   |  |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....   | <input type="checkbox"/> Yes                       | <input type="checkbox"/> No        |                    |                               |   |  |   |  |  |   |                   |              |  |  |

**4-Year Averaging Period Under Section 501(h)**  
 (Some organizations that made a section 501(h) election do not have to complete all of the five columns below.  
 See the separate instructions for lines 2a through 2f.)

| Lobbying Expenditures During 4-Year Averaging Period                |          |          |          |          |           |
|---|----------|----------|----------|----------|-----------|
| Calendar year<br>(or fiscal year beginning in)                      | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) Total |
| <b>2a</b> Lobbying nontaxable amount                                |          |          |          |          |           |
| <b>b</b> Lobbying ceiling amount<br>(150% of line 2a, column(e))    |          |          |          |          |           |
| <b>c</b> Total lobbying expenditures                                |          |          |          |          |           |
| <b>d</b> Grassroots nontaxable amount                               |          |          |          |          |           |
| <b>e</b> Grassroots ceiling amount<br>(150% of line 2d, column (e)) |          |          |          |          |           |
| <b>f</b> Grassroots lobbying expenditures                           |          |          |          |          |           |

Schedule C (Form 990 or 990-EZ) 2018

**\*\*Public Disclosure Copy\*\***  
**EVERYTOWN FOR GUN SAFETY ACTION FUND,**

Schedule C (Form 990 or 990-EZ) 2018 **INC.**

20-8802884 Page 3

**Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

|   | (a) |    | (b)    |
|---|-----|----|--------|
|   | Yes | No | Amount |
| <b>1</b> During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: |     |    |        |
| <b>a</b> Volunteers?  |     |    |        |
| <b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?   |     |    |        |
| <b>c</b> Media advertisements?  |     |    |        |
| <b>d</b> Mailings to members, legislators, or the public?   |     |    |        |
| <b>e</b> Publications, or published or broadcast statements?  |     |    |        |
| <b>f</b> Grants to other organizations for lobbying purposes?   |     |    |        |
| <b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?  |     |    |        |
| <b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  |     |    |        |
| <b>i</b> Other activities?  |     |    |        |
| <b>j</b> Total. Add lines 1c through 1i   |     |    |        |
| <b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?   |     |    |        |
| <b>b</b> If "Yes," enter the amount of any tax incurred under section 4912  |     |    |        |
| <b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912   |     |    |        |
| <b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?   |     |    |        |

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

|  | Yes      | No       |
|--|----------|----------|
| <b>1</b> Were substantially all (90% or more) dues received nondeductible by members?  | <b>X</b> |          |
| <b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?                                   |          | <b>X</b> |
| <b>3</b> Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? |          | <b>X</b> |

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."**

|   |           |  |
|---|-----------|--|
| <b>1</b> Dues, assessments and similar amounts from members   | <b>1</b>  |  |
| <b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).   |           |  |
| <b>a</b> Current year   | <b>2a</b> |  |
| <b>b</b> Carryover from last year   | <b>2b</b> |  |
| <b>c</b> Total  | <b>2c</b> |  |
| <b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  | <b>3</b>  |  |
| <b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? | <b>4</b>  |  |
| <b>5</b> Taxable amount of lobbying and political expenditures (see instructions)   | <b>5</b>  |  |

**Part IV Supplemental Information**

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

**PART I-A, LINE 1:**

IN 2018, EVERYTOWN FOR GUN SAFETY ACTION FUND MADE CONTRIBUTIONS TO CANDIDATES AND POLITICAL COMMITTEES AS WELL AS COMMUNICATIONS RELATED TO PROMOTING THE ELECTION OF CANDIDATES WHO SUPPORT THE ENACTMENT OF COMMON-SENSE PUBLIC SAFETY MEASURES TO KEEP OUR COMMUNITIES SAFER FROM GUN VIOLENCE AND WHO WILL ENFORCE STRONGER GUN SAFETY LAWS.

Schedule C (Form 990 or 990-EZ) 2018

**Part IV** Supplemental Information (continued)

PART I-C CONTINUATION FOR INCOMPLETE NAME/ADDRESS INFORMATION:

2018 FUND

1600 UNIVERSITY AVENUE WEST SUITE 309 SAINT PAUL , MN 55104

A NEW DAY FOR NM - DAYAN HOCHMAN-VIGIL

7224 COPPER GRASS COURT NORTHEAST ALBUQUERQUE , NM 87113

A STRONG NEW MEXICO

2015 DIETZ PLACE NORTHWEST ALBUQUERQUE , NM 87107

A STRONGER MICHIGAN

1225 I STREET NW SUITE 1100 WASHINGTON , DC 20005

ABBASFORM

1727 SOPLO ROAD SOUTHEAST ALBUQUERQUE , NM 87123

ALLIANCE FOR PROGRESS

513 COLONIAL CIRCLE WEST DES MOINES , IA 50265

PART I-C CONTINUATION:

ANDREA ROMERO FOR NM HOUSE DISTRICT 46

1101 HICKOX STREET SANTA FE , NM 87505

EIN: 47-5375611 COL (D) AMOUNT: 2500. COL (E) AMOUNT: 0.

ANGELA4KS

19769 W 107TH STREET OLATHE , KS 66061

EIN: 82-1675747 COL (D) AMOUNT: 500. COL (E) AMOUNT: 0.



**Part IV** Supplemental Information (continued)

ANNA FOR FLORIDA

PO BOX 536154 ORLANDO , FL 32853

EIN: 82-1783386 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

ATKINSON LEADERSHIP PAC

4165 FUSELIER DRIVE NORTH LAS VEGAS , NV 89032

EIN: 46-3064999 COL (D) AMOUNT: 50000. COL (E) AMOUNT: 0.

BECERRA FOR ATTORNEY GENERAL 2018

777 S. FIGUEROA STREET STE 4050 LOS ANGELES , CA 90017

EIN: 81-5215738 COL (D) AMOUNT: 2500. COL (E) AMOUNT: 0.

BRIAN EGOLF SPEAKER FUND

PO BOX 27066 ALBUQUERQUE , NM 87125

EIN: 82-1094444 COL (D) AMOUNT: 5500. COL (E) AMOUNT: 0.

CAMPAIGN TO ELECT BILLIE HELEAN

2003 SE SOUTHERN BLVD SE STE 102-34 RIO RANCHO , NM 87124

EIN: 82-4282545 COL (D) AMOUNT: 2500. COL (E) AMOUNT: 0.

CAMPAIGN TO ELECT JULIA RATTI

PO BOX 4228 SPARKS, NV 89432

EIN: 87-0803736 COL (D) AMOUNT: 10000. COL (E) AMOUNT: 0.

CINDY NEIGHBOR FOR KANSAS

10405 W 52ND TERRACE SHAWNEE , KS 66203

EIN: 81-1891920 COL (D) AMOUNT: 500. COL (E) AMOUNT: 0.

**Part IV** Supplemental Information (continued)

CITIZENS FOR ALEX VAN DYKE

3309 EFFINGHAM STREET MANHATTAN , KS 66503

EIN: 82-5270980 COL (D) AMOUNT: 500. COL (E) AMOUNT: 0.

CITIZENS FOR BETTER TOMORROW

1327 H STREET STE. 300 LINCOLN , NE 68508

EIN: 81-3711726 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

CITIZENS FOR KEVIN RANKER

PO BOX 92 DEER HARBOR , WA 98243

EIN: 26-2438684 COL (D) AMOUNT: 500. COL (E) AMOUNT: 0.

COLORADANS CREATING OPPORTUNITIES

PO BOX 100292 DENVER , CO 80250

EIN: 47-2607588 COL (D) AMOUNT: 50000. COL (E) AMOUNT: 0.

COLORADANS FOR FAIRNESS

PO BOX 102766 DENVER , CO 80210

EIN: 81-4420090 COL (D) AMOUNT: 400000. COL (E) AMOUNT: 0.

COMMITTEE TO ELECT AARON FORD

PO BOX 96003 LAS VEGAS , NV 89193

EIN: 27-1373046 COL (D) AMOUNT: 10000. COL (E) AMOUNT: 0.

COMMITTEE TO ELECT ALEXIS JIMENEZ

2010 SE BLACK HILLS RD SE RIO RANCHO , NM 87124

EIN: 83-1348483 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

**Part IV** Supplemental Information (continued)

COMMITTEE TO ELECT ANDREW STODDARD

218 E 8135 S SANDY , UT 84070

EIN: 82-4060400 COL (D) AMOUNT: 750. COL (E) AMOUNT: 0.

COMMITTEE TO ELECT BRIAN EGOLF

123 SAN FRANCISCO STREET 2ND FLOOR SANTA FE , NM 87501

EIN: 20-8019717 COL (D) AMOUNT: 2500. COL (E) AMOUNT: 0.

COMMITTEE TO ELECT DAVID WATTERS

19 MAPLE STREET DOVER , NH 03820

EIN: 26-2910228 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

COMMITTEE TO ELECT DREW HANSEN

P. O. BOX 2140 POULSBO , WA 98370

EIN: 45-3489418 COL (D) AMOUNT: 500. COL (E) AMOUNT: 0.

COMMITTEE TO ELECT ELIZABETH THOMSON

1216 WESTERFIELD DRIVE NE ALBUQUERQUE , NM 87112

EIN: 45-4989745 COL (D) AMOUNT: 2500. COL (E) AMOUNT: 0.

COMMITTEE TO ELECT HOUSE DEMOCRATS

P.O. BOX 1292 CONCORD , NH 03301

EIN: 02-0162350 COL (D) AMOUNT: 2500. COL (E) AMOUNT: 0.

COMMITTEE TO ELECT JOY GARRATT

10308 MARIN DRIVE NORTHWEST ALBUQUERQUE , NM 87114

EIN: 82-3061789 COL (D) AMOUNT: 2500. COL (E) AMOUNT: 0.

**Part IV** Supplemental Information (continued)

COMMITTEE TO ELECT KEVIN VAN DE WEGE

10 SABLE COURT SEQUIM , WA 98382

EIN: 20-0522366 COL (D) AMOUNT: 500. COL (E) AMOUNT: 0.

COMMITTEE TO ELECT LINDA CAVAZOS

2470 ST. ROSE PARKWAY SUITE 106-B HENDERSON , NV 89074

EIN: 82-4707182 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

COMMITTEE TO ELECT MARK WHITE

1661 AARON BRENNER DRIVE SUITE 300 MEMPHIS , TN 38120

EIN: 20-0976482 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

COMMITTEE TO ELECT MARY CATHERINE ROBERSON

910 N. GRANT STREET APT 1 DANVILLE , IL 61832

EIN: 82-3514933 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

COMMITTEE TO ELECT MATTHEW MCQUEEN

7 AVENIDA VISTA GRANDE B7- 120 SANTA FE , NM 87508

EIN: 46-4775783 COL (D) AMOUNT: 2500. COL (E) AMOUNT: 0.

COMMITTEE TO ELECT MICAELA LARA CADENA

2869 WEST CALLE SUR LAS CRUCES , NM 88005

EIN: 81-3432008 COL (D) AMOUNT: 2500. COL (E) AMOUNT: 0.

COMMITTEE TO ELECT NICOLE CANNIZZARO

7901 COCOA BEACH CIRCLE LAS VEGAS , NV 89128

EIN: 47-4860402 COL (D) AMOUNT: 10000. COL (E) AMOUNT: 0.

**Part IV** Supplemental Information (continued)

COMMITTEE TO ELECT OSVALDO FUMO

601 LAS VEGAS BLVD. SOUTH LAS VEGAS , NV 89101-6623

EIN: 47-4627257 COL (D) AMOUNT: 10000. COL (E) AMOUNT: 0.

COMMITTEE TO ELECT RACHEL PRUSAK

PO BOX 42307 PORTLAND , OR 97242

EIN: 82-4740359 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

COMMITTEE TO ELECT SANDRA JAUREGUI

7582 LAS VEGAS BLVD. SOUTH #118 LAS VEGAS , NV 89123

EIN: 47-5675506 COL (D) AMOUNT: 10000. COL (E) AMOUNT: 0.

COMMITTEE TO ELECT STEVEN YEAGER

10120 W FLAMINGO RD STE 4162 LAS VEGAS , NV 89147

EIN: 46-4680743 COL (D) AMOUNT: 10000. COL (E) AMOUNT: 0.

CRAIG KENNEDY - STATE SENATE

101 W 31ST ST YANKTON , SD 57078

EIN: 81-2574990 COL (D) AMOUNT: 500. COL (E) AMOUNT: 0.

DAYMON ELY FOR NM HOUSE DISTRICT 23

659 APPLEWOOD RD CORRALES , NM 87048

EIN: 47-5007430 COL (D) AMOUNT: 2500. COL (E) AMOUNT: 0.

DEANA FROERER, SENATE RACE CANDIDATE

PO BOX 94 HUNTSVILLE , UT 84317

EIN: 81-1186391 COL (D) AMOUNT: 750. COL (E) AMOUNT: 0.

**Part IV** Supplemental Information (continued)

DEBBIE ARMSTONG FOR NEW MEXICO

2015 DIETZ PLACE NORTHWEST ALBUQUERQUE , NM 87107

EIN: 46-5422275 COL (D) AMOUNT: 2500. COL (E) AMOUNT: 0.

DEMOCRATIC ATTORNEYS GENERAL ASSOCIATION INC.

1401 H STREET NW #750 WASHINGTON , DC 20005

EIN: 13-4220019 COL (D) AMOUNT: 450000. COL (E) AMOUNT: 0.

DEMOCRATIC GOVERNORS ASSOCIATION

1225 I STREET NW SUITE 1100 WASHINGTON , DC 20005

EIN: 52-1304889 COL (D) AMOUNT: 1600000. COL (E) AMOUNT: 0.

DEMOCRATIC LEGISLATIVE CAMPAIGN COMMITTEE

1225 I STREET NW SUITE 1250 WASHINGTON , DC 20005

EIN: 52-1870839 COL (D) AMOUNT: 100000. COL (E) AMOUNT: 0.

DEMOCRATIC MUNICIPAL OFFICIALS

1774 W. GREENLEAF AVE CHICAGO , IL 60626

EIN: 03-0393091 COL (D) AMOUNT: 10000. COL (E) AMOUNT: 0.

DEMOCRATIC PARTY OF GEORGIA

501 PULLIAM STREET SW SUITE 400 ATLANTA , GA 30312

EIN: 58-0910903 COL (D) AMOUNT: 500000. COL (E) AMOUNT: 0.

DEMOCRATIC STATE COMMITTEE (DELAWARE)

PO BOX 2065 WILMINGTON , DE 19899

EIN: 51-0119764 COL (D) AMOUNT: 6000. COL (E) AMOUNT: 0.

**Part IV** Supplemental Information (continued)

DIANE LEWIS CAMPAIGN COMMITTEE

PO BOX 25261 SALT LAKE CITY , UT 84125-0261

EIN: 46-4095767 COL (D) AMOUNT: 750. COL (E) AMOUNT: 0.

DONOVAN FOR ATTORNEY GENERAL

P. O. 364 BURLINGTON , VT 05402

EIN: 47-5062237 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

EFO LOUIS D. GREENWALD FOR ASSEMBLY

2240-15 RT. 70 CHERRY HILL , NJ 08002

EIN: 22-3565484 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

ELECT WILLIE MADRID FOR STATE REPRESENTATIVE

108 HENDRICH ROAD CHAPARRAL , NM 88081

EIN: 81-3529469 COL (D) AMOUNT: 2500. COL (E) AMOUNT: 0.

ELECTION FUND OF LORETTA WEINBERG

PO BOX 3392 TEANECK , NJ 07666

EIN: 22-3580789 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

EVERYTOWN FOR GUN SAFETY VICTORY FUND

PO BOX 4184 NEW YORK , NY 10163

EIN: 81-3928802 COL (D) AMOUNT: 7666688. COL (E) AMOUNT: 0.

FAMILY FRIENDLY PAC

114 NORTH MAIN STREET SUITE 203 CONCORD , NH 03301

EIN: 83-1563855 COL (D) AMOUNT: 100468. COL (E) AMOUNT: 0.

**Part IV** Supplemental Information (continued)

FLORIDA CONSUMERS FIRST

6619 SOUTH DIXIE HIGHWAY #148 MIAMI , FL 33143

EIN: 83-0694630 COL (D) AMOUNT: 75000. COL (E) AMOUNT: 0.

FLORIDA DEMOCRATIC PARTY

214 S. BRONOUGH STREET TALLAHASSEE , FL 32301

EIN: 59-0772903 COL (D) AMOUNT: 75000. COL (E) AMOUNT: 0.

FLORIDIANS FOR PRACTICAL SOLUTIONS

2618 CENTENNIAL PLACE TALLAHASSEE , FL 32308

EIN: 47-3047591 COL (D) AMOUNT: 5000. COL (E) AMOUNT: 0.

FORWARD FLORIDA

1427 PIEDMONT DR. E SUITE 2 TALLAHASSEE , FL 32308

EIN: 81-1474555 COL (D) AMOUNT: 250000. COL (E) AMOUNT: 0.

FORWARD NEW MEXICO

508 MORNINGSIDE DRIVE SE ALBUQUERQUE , NM 87106

EIN: 45-5012276 COL (D) AMOUNT: 5500. COL (E) AMOUNT: 0.

FRIENDS FOR ADAM MORFELD

1240 N. 33RD STREET LINCOLN , NE 68503

EIN: 46-1584407 COL (D) AMOUNT: 2500. COL (E) AMOUNT: 0.

FRIENDS FOR CHRISTINE

PO BOX 1565 LOS ALAMOS , NM 87544

EIN: 82-5289312 COL (D) AMOUNT: 2500. COL (E) AMOUNT: 0.



**Part IV** Supplemental Information (continued)

FRIENDS FOR FLOYD PROZANSKI

PO BOX 11511 EUGENE , OR 97440

EIN: 93-1153136 COL (D) AMOUNT: 2500. COL (E) AMOUNT: 0.

FRIENDS FOR JUSTIN JONES

8020 S. RAINBOW BLVD.SUITE 100-370 LAS VEGAS , NV 89139

EIN: 45-4636548 COL (D) AMOUNT: 5000. COL (E) AMOUNT: 0.

FRIENDS FOR KAREN 38

209 RIO VISTA ROAD PO BOX 516 MIMBRES , NM 88049

EIN: 47-5620928 COL (D) AMOUNT: 2500. COL (E) AMOUNT: 0.

FRIENDS FOR STEVE SISOLAK

29 BURNING TREE CT LAS VEGAS , NV 89113

EIN: 26-3267406 COL (D) AMOUNT: 10000. COL (E) AMOUNT: 0.

FRIENDS OF ANDY BILLIG

PO BOX 145 SPOKANE , WA 99210

EIN: 27-1127517 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

FRIENDS OF ANNA GRASSIE

146 BROCK STREET ROCHESTER , NH 03867

EIN: 83-0856316 COL (D) AMOUNT: 2000. COL (E) AMOUNT: 0.

FRIENDS OF BETH DOGLIO

PO BOX 222 OLYMPIA , WA 98507

EIN: 47-5314796 COL (D) AMOUNT: 500. COL (E) AMOUNT: 0.

**Part IV** Supplemental Information (continued)

FRIENDS OF CARLA PILUSO

PO BOX 42307 PORTLAND , OR 97242

EIN: 30-0833393 COL (D) AMOUNT: 2500. COL (E) AMOUNT: 0.

FRIENDS OF DAVID FROCKT

PO BOX 2114 SEATTLE , WA 98111

EIN: 27-1548039 COL (D) AMOUNT: 500. COL (E) AMOUNT: 0.

FRIENDS OF FELTES

PO BOX 623 CONCORD , NH 03302

EIN: 47-1093993 COL (D) AMOUNT: 2000. COL (E) AMOUNT: 0.

FRIENDS OF FRANK CHOPP

4130 1ST AVENUE SOUTH STE D SEATTLE , WA 98134

EIN: 32-0020852 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

FRIENDS OF GUY PALUMBO

10526 221ST PLACE SOUTHEAST SNOHOMISH , WA 98296

EIN: 45-4461584 COL (D) AMOUNT: 500. COL (E) AMOUNT: 0.

FRIENDS OF HANS ZEIGER

PO BOX 73303 PUYALLUP , WA 98373

EIN: 27-0422184 COL (D) AMOUNT: 500. COL (E) AMOUNT: 0.

FRIENDS OF JAY KAHN

135 DARLING ROAD KEENE , NH 03431

EIN: 81-2863851 COL (D) AMOUNT: 2000. COL (E) AMOUNT: 0.

**Part IV** Supplemental Information (continued)

FRIENDS OF JEN JORDAN, INC.

1290 PEACHTREE BATTLE AVENUE ATLANTA , GA 30327

EIN: 82-1362781 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

FRIENDS OF JENNIFER WILLIAMSON

P. O. BOX 42307 PORTLAND , OR 97242

EIN: 45-3593513 COL (D) AMOUNT: 50000. COL (E) AMOUNT: 0.

FRIENDS OF JON MORGAN

267 SOUTH ROAD BRENTWOOD , NH 03833

EIN: 82-2706647 COL (D) AMOUNT: 2000. COL (E) AMOUNT: 0.

FRIENDS OF KAREN CAMPER

4229 OXFORD SQUARE DRIVE MEMPHIS , TN 38116

EIN: 41-1043133 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

FRIENDS OF KEVIN CAVANAUGH

368 TORY ROAD MANCHESTER , NH 03104

EIN: 82-1117722 COL (D) AMOUNT: 2000. COL (E) AMOUNT: 0.

FRIENDS OF KEVIN RADER

120 SOUTH MONROE STREET TALLAHASSEE , FL 32301

EIN: 82-5295719 COL (D) AMOUNT: 25000. COL (E) AMOUNT: 0.

FRIENDS OF KWAME RAOUL

1507 E 53RD STREET STE 909 CHICAGO , IL 60615

EIN: 02-0728717 COL (D) AMOUNT: 11000. COL (E) AMOUNT: 0.

**Part IV** Supplemental Information (continued)

FRIENDS OF LAURIE JINKINS

P. O. BOX 2032 TACOMA , WA 98401

EIN: 27-2214467 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

FRIENDS OF MANKA

17221 NE 115TH CT REDMOND , WA 98052

EIN: 81-5223744 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

FRIENDS OF MASON DONOVAN

PO BOX 172 SALISBURY , NH 03268

EIN: 82-4961929 COL (D) AMOUNT: 2000. COL (E) AMOUNT: 0.

FRIENDS OF MICHELLE SAWYER MOGE

9B LESLEY CIRCLE DERRY , NH 03038

EIN: 83-0775696 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

FRIENDS OF NICOLE MACRI

PO BOX 9100 SEATTLE , WA 98109

EIN: 81-1159785 COL (D) AMOUNT: 500. COL (E) AMOUNT: 0.

FRIENDS OF PATTY KUDERER

PO BOX 1545 BELLEVUE , WA 98009

EIN: 47-5315866 COL (D) AMOUNT: 500. COL (E) AMOUNT: 0.

FRIENDS OF REUREN CARLYLE

PO BOX 9100 SEATTLE , WA 98109

EIN: 26-1852908 COL (D) AMOUNT: 500. COL (E) AMOUNT: 0.

**Part IV** Supplemental Information (continued)

FRIENDS OF ROB WAGNER

PO BOX 42307 PORTLAND , OR 97242

EIN: 82-4973387 COL (D) AMOUNT: 2500. COL (E) AMOUNT: 0.

FRIENDS OF SHANNON CHANDLEY

3 HIGH MEADOW LANE AMHERST , NH 03031

EIN: 82-4779456 COL (D) AMOUNT: 2000. COL (E) AMOUNT: 0.

FRIENDS OF TANA SENN

PO BOX 771 MERCER ISLAND , WA 98040

EIN: 46-3757260 COL (D) AMOUNT: 500. COL (E) AMOUNT: 0.

FRIENDS OF TINA KOTEK

7930 N. WABASH AVENUE PORTLAND , OR 97217

EIN: 20-4689019 COL (D) AMOUNT: 5000. COL (E) AMOUNT: 0.

FUTURE PAC HOUSE BUILDERS

P.O. BOX 1754 PORTLAND , OR 97207

EIN: 93-1123855 COL (D) AMOUNT: 150000. COL (E) AMOUNT: 0.

GEORGIA RESPONSIBLE LEADERSHIP FUND

885 WOODSTOCK ROAD STE 430-244 ROSWELL, GA 30075-2274

EIN: 82-4760459 COL (D) AMOUNT: 25000. COL (E) AMOUNT: 0.

GIDEON LEADERSHIP PAC

37 SOUTH FREEPORT ROAD FREEPORT , ME 04032

EIN: 46-5701655 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

**Part IV** Supplemental Information (continued)

GOPAL FOR SENATE

106 APPLE STREET SUITE 106 TINTON FALLS , NJ 07724

EIN: 81-5063224 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

GUN VIOLENCE PREVENTION PAC

126 EAST WING STREET #205 ARLINGTON HEIGHTS , IL 60004

EIN: 46-2184316 COL (D) AMOUNT: 15000. COL (E) AMOUNT: 0.

HANSEN FOR LEGISLATURE

6230 GLENDALE ROAD LINCOLN , NE 68505

EIN: 46-3501563 COL (D) AMOUNT: 5000. COL (E) AMOUNT: 0.

HEATHER SANBORN FOR MAIN SENATE

82 FROST HILL ROAD PORTLAND , ME 04103

EIN: 82-3697680 COL (D) AMOUNT: 400. COL (E) AMOUNT: 0.

HENNESSEY FOR NH

4 WEBSTER TERRACE HANOVER , NH 03755

EIN: 81-2553661 COL (D) AMOUNT: 2000. COL (E) AMOUNT: 0.

HILLIARD FOR SD46

3120 COLHAM FERRY RD WATKINSVILLE , GA 30677

EIN: 82-4698000 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

HOLSCHER FOR KANSAS

12345 WESTGATE STREET OVERLAND PARK , KS 66213

EIN: 47-5179945 COL (D) AMOUNT: 500. COL (E) AMOUNT: 0.

**Part IV** Supplemental Information (continued)

HOUSE DEMOCRATIC CAMPAIGN COMMITTEE

4130 1ST AVENUE SOUTH STE D SEATTLE , WA 98134

EIN: 91-6178946 COL (D) AMOUNT: 500. COL (E) AMOUNT: 0.

HOUSE LEGISLATIVE CAMPAIGN FUND

PO BOX 2021 AUGUSTA , ME 04338

EIN: 22-2695893 COL (D) AMOUNT: 2500. COL (E) AMOUNT: 0.

IDAHO DEMOCRATIC LEGISLATIVE CAMPAIGN COMMITTEE

PO BOX 445 BOISE , ID 83702

EIN: 80-0260383 COL (D) AMOUNT: 7000. COL (E) AMOUNT: 0.

INDIANA HOUSE DEMOCRATIC CAUCUS

PO BOX 1671 INDIANAPOLIS , IN 46206

EIN: 52-1177393 COL (D) AMOUNT: 2000. COL (E) AMOUNT: 0.

INNOVATE FLORIDA PC

610 SOUTH BOULEVARD TAMPA , FL 33606

EIN: 46-3472497 COL (D) AMOUNT: 500000. COL (E) AMOUNT: 0.

JASON M ALLEN CAMPAIGN

139 EAST 5200 SOUTH WASHINGTON TERRACE , UT 84405

EIN: 83-0687838 COL (D) AMOUNT: 750. COL (E) AMOUNT: 0.

JOHN GORS FOR STATE HOUSE

507 BULOW STREET VERMILLION , SD 57069

EIN: 83-0993645 COL (D) AMOUNT: 200. COL (E) AMOUNT: 0.

**Part IV** Supplemental Information (continued)

JOHN MCCROSTIE FOR DISTRICT 16

7820 W. RIVERSIDE DRIVE GARDEN CITY , ID 83714

EIN: 46-4011282 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

KANSAS FOR A DEMOCRATIC HOUSE

PO BOX 2083 TOPEKA , KS 66601

EIN: 48-1078411 COL (D) AMOUNT: 5000. COL (E) AMOUNT: 0.

KANSAS FOR A PROGRESSIVE HOUSE

PO BOX 1052 TOPEKA , KS 66601

EIN: 82-1155952 COL (D) AMOUNT: 5000. COL (E) AMOUNT: 0.

KANSAS REPUBLICAN VALUES FUND

PO BOX 5976 TOPEKA , KS 66605

EIN: 81-1580529 COL (D) AMOUNT: 10000. COL (E) AMOUNT: 0.

KAREN CARES FOR NEW MEXICO

6523 JAZMIN PLACE NORTHWEST ALBUQUERQUE , NM 87114

EIN: 82-3447874 COL (D) AMOUNT: 2500. COL (E) AMOUNT: 0.

KATE BROWN COMMITTEE

PO BOX 42307 PORTLAND , OR 97242

EIN: 93-1127620 COL (D) AMOUNT: 750000. COL (E) AMOUNT: 0.

KATHIE DARBY FOR UTAH HOUSE DISTRICT 9

4069 SOUTH 3600 WEST WEST HAVEN , UT 84401

EIN: 81-1641171 COL (D) AMOUNT: 750. COL (E) AMOUNT: 0.



**Part IV** Supplemental Information (continued)

KRIST FOR NEBRASKA

P.O. BOX 34517 OMAHA , NE 68134

EIN: 82-5401985 COL (D) AMOUNT: 5000. COL (E) AMOUNT: 0.

LAURA KELLY FOR KANSAS

234 SOUTHWEST GREENWOOD AVENUE TOPEKA , KS 66606

EIN: 82-3664997 COL (D) AMOUNT: 2000. COL (E) AMOUNT: 0.

LEADERSHIP FOR FLORIDA

610 SOUTH BOULEVARD TAMPA , FL 33606

EIN: 47-1818907 COL (D) AMOUNT: 5000. COL (E) AMOUNT: 0.

LEADERSHIP IN NEVADA

PO BOX 400672 LAS VEGAS , NV 89140

EIN: 47-4160254 COL (D) AMOUNT: 50000. COL (E) AMOUNT: 0.

LEMERT4STATERE

PO BOX 25672 FORT WAYNE , IN 46825

EIN: 83-1949293 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

LINDA HARRIOTT-GATHRIGHT

28 MARIAN LANE NASHUA , NH 03062

EIN: 83-3124750 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

LIZ MCCONNELL CANDIDATE FOR NH HOUSE

52 STEVENS DRIVE BRENTWOOD , NH 03833

EIN: 81-3843277 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

**Part IV** Supplemental Information (continued)

MACHAELA CAVANAUGH FOR LEGISLATURE

824 N. 74TH AVENUE OMAHA , NE 68114

EIN: 81-1815663 COL (D) AMOUNT: 2500. COL (E) AMOUNT: 0.

MARK MULLET FOR SENATE

2525 NE PARK DR #A ISSAQUAH , WA 98029

EIN: 46-3659056 COL (D) AMOUNT: 500. COL (E) AMOUNT: 0.

MARKO FOR SENATE

119 1ST AVENUE SOUTH STE 320 SEATTLE , WA 98104

EIN: 26-0696977 COL (D) AMOUNT: 500. COL (E) AMOUNT: 0.

MELANIE FOR NEW MEXICO

PO BOX 50328 ALBUQUERQUE , NM 87181

EIN: 82-3536656 COL (D) AMOUNT: 2500. COL (E) AMOUNT: 0.

MELISSA WINTROW

1711 RIDENBAUGH BOISE , ID 83702

EIN: 46-4807971 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

MIDWEST ENTERPRISE GROUP

P.O. BOX 1632 DES MOINES , IA 50305

EIN: 26-0697178 COL (D) AMOUNT: 150000. COL (E) AMOUNT: 0.

MILLAR FOR STATE SENATE

5249 BROOKE FARM DRIVE DUNWOODY , GA 30038

EIN: 27-2469962 COL (D) AMOUNT: 2600. COL (E) AMOUNT: 0.

**Part IV** Supplemental Information (continued)

MINNESOTA VICTORY PAC

5922 EXCELSIOR BLVD. MINNEAPOLIS , MN 55416

EIN: 83-0854408 COL (D) AMOUNT: 200000. COL (E) AMOUNT: 0.

MOE PAC

5818 JONES PLACE NORTHWEST ALBUQUERQUE , NM 87120

EIN: 81-0694116 COL (D) AMOUNT: 5500. COL (E) AMOUNT: 0.

MONTANA DEMOCRATIC STATE CENTRAL COMMITTEE

PO BOX 802 HELENA , MT 59624

EIN: 81-0260238 COL (D) AMOUNT: 10000. COL (E) AMOUNT: 0.

NATALIE FOR NEW MEXICO

8705 HORACIO PLACE NORTHEAST ALBUQUERQUE , NM 87111

EIN: 81-1088398 COL (D) AMOUNT: 2500. COL (E) AMOUNT: 0.

NATHAN SMALL FOR STATE HOUSE

PO BOX 697 DONA ANA , NM 88032

EIN: 81-1988401 COL (D) AMOUNT: 2500. COL (E) AMOUNT: 0.

NEVADA FAMILIES FIRST

1225 EYE STREET NW SUITE 1100 WASHINGTON , DC 20005

EIN: 82-4680422 COL (D) AMOUNT: 1150000. COL (E) AMOUNT: 0.

NEVADA STATE DEMOCRATIC PARTY

2320 PASEO DEL PRADO #B107 LAS VEGAS , NV 89102

EIN: 88-0189294 COL (D) AMOUNT: 300000. COL (E) AMOUNT: 0.

**Part IV** Supplemental Information (continued)

NEW HAMPSHIRE DEMOCRATIC PARTY

105 N. STATE STREET CONCORD , NH 03301

EIN: 02-0125560 COL (D) AMOUNT: 5000. COL (E) AMOUNT: 0.

NEW HAMPSHIRE SENATE DEMOCRATIC CAUCUS

105 NORTH STATE STREET CONCORD , NH 03301

EIN: 02-0473096 COL (D) AMOUNT: 10000. COL (E) AMOUNT: 0.

NEW MEXICANS FOR MICHELLE INC

2015 DIETZ PL NW ALBUQUERQUE , NM 87107

EIN: 81-4620747 COL (D) AMOUNT: 11000. COL (E) AMOUNT: 0.

NEW MEXICO DEFENSE FUND

P.O. BOX 2383 SANTA FE , NM 87504

EIN: 45-5077813 COL (D) AMOUNT: 5500. COL (E) AMOUNT: 0.

NEW MEXICO FREEDOM PAC

P. O. BOX 27066 ALBUQUERQUE , NM 87125

EIN: 46-4473616 COL (D) AMOUNT: 5500. COL (E) AMOUNT: 0.

NEW MEXICO SENATE DEMOCRATS

313 MOON STREET NORTHEAST ALBUQUERQUE , NM 87108

EIN: 82-1045511 COL (D) AMOUNT: 5500. COL (E) AMOUNT: 0.

NEWMAN FOR STATE REPRESENTATIVE

25 CHARLOTTE AVENUE NASHUA , NH 03064

EIN: 83-1235123 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

**Part IV** Supplemental Information (continued)

NEWSOM FOR CALIFORNIA GOVERNOR 2018

1787 TRIBUTE ROAD SUITE K SACRAMENTO , CA 95815

EIN: 47-3030928 COL (D) AMOUNT: 12500. COL (E) AMOUNT: 0.

NEXT GENERATION LEADERSHIP

PO BOX 1981 BOISE , ID 83701

EIN: 46-1471400 COL (D) AMOUNT: 3000. COL (E) AMOUNT: 0.

NM HOUSE DEMOCRATIC CAMPAIGN COMMITTEE

PO BOX 27066 ALBUQUERQUE , NM 87125

EIN: 47-3966550 COL (D) AMOUNT: 5500. COL (E) AMOUNT: 0.

NM SENATE MAJORITY LEADER PAC

708 PASEO DE PERALTA SANTA FE , NM 87501

EIN: 82-1222921 COL (D) AMOUNT: 5500. COL (E) AMOUNT: 0.

NM WOMEN RISING

2300 BUENA VISTA DRIVE SOUTHEAST #126B ALBUQUERQUE , NM 87106

EIN: 81-2861509 COL (D) AMOUNT: 5500. COL (E) AMOUNT: 0.

OUR COLORADO VALUES

PO BOX 100033 DENVER , CO 80250

EIN: 81-4474149 COL (D) AMOUNT: 300000. COL (E) AMOUNT: 0.

PARKER FOR KANSAS

8323 WEST 108TH STREET APT F OVERLAND PARK , KS 66210

EIN: 47-5665664 COL (D) AMOUNT: 500. COL (E) AMOUNT: 0.

**Part IV** Supplemental Information (continued)

PARTNERING FOR NEVADA'S FUTURE

1000 NORTH GREEN VALLEY PARKWAY STE 440 #362 HENDERSON , NV 89074

EIN: 46-4809944 COL (D) AMOUNT: 25000. COL (E) AMOUNT: 0.

PEOPLE FOR CHRISTINE ROLFES

19689 7TH AVENUE NORTHEAST POULSBO , WA 98370

EIN: 32-0172015 COL (D) AMOUNT: 500. COL (E) AMOUNT: 0.

PEOPLE FOR GAIL CHASEY

508 MORNINGSIDE DRIVE SOUTHEAST ALBUQUERQUE , NM 87108

EIN: 81-2953490 COL (D) AMOUNT: 2500. COL (E) AMOUNT: 0.

PEOPLE FOR PEDERSEN

815 1ST AVENUE #111 SEATTLE , WA 98104

EIN: 20-3979617 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

PEOPLE FOR REBECCA SALDENA

PO BOX 20776 SEATTLE , WA 98102

EIN: 81-4617205 COL (D) AMOUNT: 500. COL (E) AMOUNT: 0.

PROGRESS MICHIGAN POLITICAL ACTION FUND

215 S. WASHINGTON SQUARE SUITE 135 LANSING , MI 48933

EIN: 32-0441337 COL (D) AMOUNT: 250000. COL (E) AMOUNT: 0.

SEAN SHAW FOR FLORIDA

2618 CENTENNIAL PLACE TALLAHASSEE , FL 32308

EIN: 82-4757447 COL (D) AMOUNT: 50000. COL (E) AMOUNT: 0.

**Part IV** Supplemental Information (continued)

SENATE DEMOCRATIC CAMPAIGN COMMITTEE

PO BOX 2207 AUGUSTA , ME 04338

EIN: 01-0478979 COL (D) AMOUNT: 2500. COL (E) AMOUNT: 0.

SENATE DEMOCRATIC LEADERSHIP FUND

3321 SE 20TH AVENUE PORTLAND , OR 97202

EIN: 20-4673386 COL (D) AMOUNT: 50000. COL (E) AMOUNT: 0.

SENATE MAJORITY CAMPAIGN COMMITTEE

101 WEST OHIO STREET SUITE 2200 INDIANAPOLIS , IN 46204

EIN: 35-1519681 COL (D) AMOUNT: 2000. COL (E) AMOUNT: 0.

SENATOR CODEY ELECTION FUND, C/O TIM KING - BEDERSON LLP

347 MOUNT PLEASANT AVENUE SU200 WEST ORANGE , NJ 07052

EIN: 91-2068392 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

SHELLEY KLOBA FOR STATE HOUSE

PO BOX 2991 KIRKLAND , WA 98083

EIN: 81-2180654 COL (D) AMOUNT: 500. COL (E) AMOUNT: 0.

SOUCY FOR SENATE

91 ALEXANDER DRIVE MANCHESTER , NH 03109

EIN: 46-0562207 COL (D) AMOUNT: 2000. COL (E) AMOUNT: 0.

SOUTH CAROLINA HOUSE DEMOCRATIC CAUCUS

BLATT BUILDING - ROOM 335A PO BOX 12049 COLUMBIA , SC 29211

EIN: 57-0969662 COL (D) AMOUNT: 5000. COL (E) AMOUNT: 0.

**Part IV** Supplemental Information (continued)

SOUTH DAKOTA DEMOCRATIC PARTY

PO BOX 1485 SIOUX FALLS , SD 57101

EIN: 46-0126758 COL (D) AMOUNT: 5000. COL (E) AMOUNT: 0.

STATE REPRESENTATIVE CHRISTINE TRUJILLO HD 25

1923 MADEIRA DRIVE NORTHEAST ALBUQUERQUE , NM 87110

EIN: 45-4639276 COL (D) AMOUNT: 2500. COL (E) AMOUNT: 0.

STEPHANIE SAWYNER CLAYTON FOR STATE REPRESENTATIVE

9825 WOODSON DRIVE OVERLAND PARK , KS 66207

EIN: 90-0545259 COL (D) AMOUNT: 500. COL (E) AMOUNT: 0.

STEVE WOLFSON FOR DISTRICT ATTORNEY

1930 VILLAGE CENTER CIRCLE #3-301 LAS VEGAS , NV 89134

EIN: 20-1089312 COL (D) AMOUNT: 10000. COL (E) AMOUNT: 0.

STRONGER NEW MEXICO

223 N. GUADALUPE STREET NUM 611 SANTA FE , NM 87501

EIN: 82-4458288 COL (D) AMOUNT: 250000. COL (E) AMOUNT: 0.

SUN PAC

10104 ROUND UP PLACE SOUTHWEST ALBUQUERQUE , NM 87121

EIN: 47-5363011 COL (D) AMOUNT: 5500. COL (E) AMOUNT: 0.

TEAM BARBARA SMITH WARNER

PO BOX 42307 PORTLAND , OR 97242

EIN: 61-1735255 COL (D) AMOUNT: 2500. COL (E) AMOUNT: 0.



**Part IV** Supplemental Information (continued)

THE COMMITTEE TO ELECT KRISTEE WATSON

35 MESQUITE VILLAGE CIRCLE HENDERSON , NV 89102

EIN: 82-4793111 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

THE COMMITTEE TO ELECT LUISA

4455 LOWER ROSWELL ROAD #683032 MARIETTA , GA 30068

EIN: 82-2214788 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

THE FRIENDS OF JENN ALFORD-TEASTER

PO BOX 472 BRADFORD , NH 03221

EIN: 82-4417064 COL (D) AMOUNT: 2000. COL (E) AMOUNT: 0.

TOM COX FOR KANSAS

13510 W 72ND STREET SHAWNEE , KS 66216

EIN: 81-3624235 COL (D) AMOUNT: 500. COL (E) AMOUNT: 0.

TOM SHERMAN FOR STATE SENATE

1159 WASHINGTON ROAD RYE, NH 03870-2359

EIN: 81-2841560 COL (D) AMOUNT: 2000. COL (E) AMOUNT: 0.

TRUE BLUE PAC

708 PASEO DE PERALTA SANTA FE , NM 87501

EIN: 45-5088689 COL (D) AMOUNT: 5500. COL (E) AMOUNT: 0.

UTAH HOUSE DEMOCRATIC LEADERSHIP COUNCIL

PO BOX 155 SALT LAKE CITY , UT 84101

EIN: 87-0659402 COL (D) AMOUNT: 1250. COL (E) AMOUNT: 0.

**Part IV** Supplemental Information (continued)

VELASQUEZ CAMPAIGN COMMITTEE

3330 PRINCETON DRIVE NE ALBUQUERQUE , NM 87107

EIN: 82-1640329 COL (D) AMOUNT: 2500. COL (E) AMOUNT: 0.

VERMONT DEMOCRATIC PARTY

P. O. BOX 1220 MONTPELLIER , VT 05601

EIN: 03-0199446 COL (D) AMOUNT: 10000. COL (E) AMOUNT: 0.

WASHINGTON SENATE DEMOCRATIC CAMPAIGN

4130 1ST AVENUE SOUTH STE D SEATTLE , WA 98134

EIN: 46-2614068 COL (D) AMOUNT: 500. COL (E) AMOUNT: 0.

WILLIAM BOLTON FOR SENATE

167 RESERVOIR ROAD PLYMOUTH , NH 03264

EIN: 82-5093664 COL (D) AMOUNT: 2000. COL (E) AMOUNT: 0.

WINNING PAC

2807 GEARY PL UNIT 2506 LAS VEGAS , NV 89109

EIN: 83-1113253 COL (D) AMOUNT: 50000. COL (E) AMOUNT: 0.

WOODARD FOR KANSAS

9051 RENNER BLVD APT 3002 LENEXA , KS 66219

EIN: 82-4099635 COL (D) AMOUNT: 500. COL (E) AMOUNT: 0.

ZIA 52

4301 SUMMIT LANE LAS CRUCES , NM 88011

EIN: 81-0950640 COL (D) AMOUNT: 5500. COL (E) AMOUNT: 0.

**Part IV** Supplemental Information (continued)

ZUCKERMAN FOR VT

PO BOX 9354 SOUTH BURLINGTON , VT 05403

EIN: 47-5674951 COL (D) AMOUNT: 2000. COL (E) AMOUNT: 0.

CHARLOTTE WARREN FOR STATE REPRESENTATIVE

19 OAKWOOD DRIVE HALLOWELL, ME 04347

COL (D) AMOUNT: 400. COL (E) AMOUNT: 0.

COMMITTEE TO ELECT RUDY MARTINEZ

PO BOX 164 BAYARD, NM 88023

COL (D) AMOUNT: 2500. COL (E) AMOUNT: 0.

COMMITTEE TO ELECT ANGELICA RUBIO

PO BOX 2155 LAS CRUCES , NM 88005

COL (D) AMOUNT: 2500. COL (E) AMOUNT: 0.

DOREEN FOR STATE REP 52

4301 SUMMIT LANE LAS CRUCES , NM 88013

COL (D) AMOUNT: 2500. COL (E) AMOUNT: 0.

FRIENDS OF CINDY ROSENWALD

101 WELLINGTON STREET NASHUA , NH 03064

COL (D) AMOUNT: 2000. COL (E) AMOUNT: 0.

GALLAGHER FOR KANSAS

7804 MONROVIA STREET LENEXA , KS 66216

COL (D) AMOUNT: 500. COL (E) AMOUNT: 0.

**Part IV** Supplemental Information (continued)

JOANNE J. FERRARY

6100 MORNING SUN WAY LAS CRUCES , NM 88012

COL (D) AMOUNT: 2500. COL (E) AMOUNT: 0.

KATHY WOLFE MOORE FOR STATE REPRESENTATIVE

3209 NORTH 131ST STREET KANSAS CITY, KS 66109

COL (D) AMOUNT: 500. COL (E) AMOUNT: 0.

LOU D'ALLESANDRO

332 ST JAMES AVENUE MANCHESTER , NJ 03102

COL (D) AMOUNT: 2000. COL (E) AMOUNT: 0.

MARTHA FULLER CLARK

152 MIDDLE STREET PORTSMOUTH, NH 03801

COL (D) AMOUNT: 2000. COL (E) AMOUNT: 0.

MELISSA ROOKER FOR STATE REPRESENTATIVE

4124 BROOKRIDGE DRIVE FAIRWAY, KS 66205-2756

COL (D) AMOUNT: 500. COL (E) AMOUNT: 0.

SHERYL4SD

PO BOX 191215 SIOUX FALLS , SD 57109

COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

WILLIAM COGSWELL SC 110

701 EAST BAY STREET, SUITE 310 CHARLESTON, SC 29403

COL (D) AMOUNT: 750. COL (E) AMOUNT: 0.

**Part IV** Supplemental Information (continued)

ROBIN SKUDLAREK

20 WOODBINE DRIVE LONDONDERRY, NH 03053

COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

PART III-A, LINE 1:

THE ORGANIZATION IS A 501(C)(4) ORGANIZATION THAT RECEIVED MORE THAN 90%  
OF ITS ANNUAL DUES FROM PERSONS, FAMILIES, OR ENTITIES WHO EACH PAID  
ANNUAL DUES OF \$165 OR LESS IN 2018.

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**

▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2018**

**Open to Public Inspection**

**Name of the organization** **EVERYTOWN FOR GUN SAFETY ACTION FUND, INC.**

**Employer identification number**  
**20-8802884**

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

|   | (a) Donor advised funds | (b) Funds and other accounts |
|---|-------------------------|------------------------------|
| <b>1</b> Total number at end of year .....  |                         |                              |
| <b>2</b> Aggregate value of contributions to (during year) .....  |                         |                              |
| <b>3</b> Aggregate value of grants from (during year) .....   |                         |                              |
| <b>4</b> Aggregate value at end of year .....   |                         |                              |
| <b>5</b> Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ..... <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>  |                         |                              |
| <b>6</b> Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ..... <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> |                         |                              |

**Part II Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

**1** Purpose(s) of conservation easements held by the organization (check all that apply).

|  |   |
|--|---|
| <input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) | <input type="checkbox"/> Preservation of a historically important land area |
| <input type="checkbox"/> Protection of natural habitat                                       | <input type="checkbox"/> Preservation of a certified historic structure     |
| <input type="checkbox"/> Preservation of open space  |   |

**2** Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

|   | Held at the End of the Tax Year |
|---|---------------------------------|
| <b>a</b> Total number of conservation easements .....   | <b>2a</b>                       |
| <b>b</b> Total acreage restricted by conservation easements .....   | <b>2b</b>                       |
| <b>c</b> Number of conservation easements on a certified historic structure included in (a) .....   | <b>2c</b>                       |
| <b>d</b> Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register ..... | <b>2d</b>                       |

**3** Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ .....

**4** Number of states where property subject to conservation easement is located ▶ .....

**5** Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ..... ☐ **Yes** ☐ **No**

**6** Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ .....

**7** Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ .....

**8** Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ..... ☐ **Yes** ☐ **No**

**9** In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

**1a** If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

**b** If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ..... ▶ \$ .....

(ii) Assets included in Form 990, Part X ..... ▶ \$ .....

**2** If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

**a** Revenue included on Form 990, Part VIII, line 1 ..... ▶ \$ .....

**b** Assets included in Form 990, Part X ..... ▶ \$ .....

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2018

|                 |   |
|-----------------|---|
| <b>Part III</b> | <b>Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets</b> <i>(continued)</i> |
|-----------------|---|

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** ☐ Public exhibition
- b** ☐ Scholarly research
- c** ☐ Preservation for future generations
- d** ☐ Loan or exchange programs
- e** ☐ Other \_\_\_\_\_
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:

|  | Amount    |
|--|-----------|
| <b>c</b> Beginning balance .....             | <b>1c</b> |
| <b>d</b> Additions during the year .....     | <b>1d</b> |
| <b>e</b> Distributions during the year ..... | <b>1e</b> |
| <b>f</b> Ending balance .....                | <b>1f</b> |

- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ..... ☐ **Yes** ☐ **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ..... ☐

|               |  |
|---------------|--|
| <b>Part V</b> | <b>Endowment Funds.</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 10. |
|---------------|--|

|  | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| <b>1a</b> Beginning of year balance .....                        |                  |                |                    |                      |                     |
| <b>b</b> Contributions .....                                     |                  |                |                    |                      |                     |
| <b>c</b> Net investment earnings, gains, and losses .....        |                  |                |                    |                      |                     |
| <b>d</b> Grants or scholarships .....                            |                  |                |                    |                      |                     |
| <b>e</b> Other expenditures for facilities<br>and programs ..... |                  |                |                    |                      |                     |
| <b>f</b> Administrative expenses .....                           |                  |                |                    |                      |                     |
| <b>g</b> End of year balance .....                               |                  |                |                    |                      |                     |

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment %  
b Permanent endowment %  
c Temporarily restricted endowment %

The percentages on lines 2a, 2b, and 2c should equal 100%.

- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

|        |     |    |
|--------|-----|----|
|        | Yes | No |
| 3a(i)  |     |    |
| 3a(ii) |     |    |
| 3b     |     |    |

- (i) unrelated organizations .....
- (ii) related organizations .....

- b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

|                |  |
|----------------|--|
| <b>Part VI</b> | <b>Land, Buildings, and Equipment.</b> |
|----------------|--|

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property  | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| <b>1a</b> Land .....   |                                      |                                 |                              |                |
| <b>b</b> Buildings .....   |                                      |                                 |                              |                |
| <b>c</b> Leasehold improvements .....  |                                      |                                 |                              |                |
| <b>d</b> Equipment .....   |                                      |                                 |                              |                |
| <b>e</b> Other .....   | 272,233.                             |                                 | 98,795.                      | 173,438.       |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) |                                      |                                 |                              | 173,438.       |

Schedule D (Form 990) 2018

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a) Description of security or category (including name of security)      | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1) Financial derivatives .....   |                |   |
| (2) Closely-held equity interests .....                                   |                |   |
| (3) Other .....   |                |   |
| (A) .....   |                |   |
| (B) .....   |                |   |
| (C) .....   |                |   |
| (D) .....   |                |   |
| (E) .....   |                |   |
| (F) .....   |                |   |
| (G) .....   |                |   |
| (H) .....   |                |   |
| <b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ► |                |   |

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment   | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1) .....   |                |   |
| (2) .....   |                |   |
| (3) .....   |                |   |
| (4) .....   |                |   |
| (5) .....   |                |   |
| (6) .....   |                |   |
| (7) .....   |                |   |
| (8) .....   |                |   |
| (9) .....   |                |   |
| <b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► |                |   |

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

| (a) Description   | (b) Book value |
|---|----------------|
| (1) .....   |                |
| (2) .....   |                |
| (3) .....   |                |
| (4) .....   |                |
| (5) .....   |                |
| (6) .....   |                |
| (7) .....   |                |
| (8) .....   |                |
| (9) .....   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ► |                |

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| 1. (a) Description of liability   | (b) Book value |  |
|---|----------------|--|
| (1) Federal income taxes  |                |  |
| (2) .....   |                |  |
| (3) .....   |                |  |
| (4) .....   |                |  |
| (5) .....   |                |  |
| (6) .....   |                |  |
| (7) .....   |                |  |
| (8) .....   |                |  |
| (9) .....   |                |  |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ► |                |  |

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☒



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**EVERYTOWN FOR GUN SAFETY ACTION FUND,**  
**INC.**

Schedule D (Form 990) 2018

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**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

|   |           |             |
|---|-----------|-------------|
| <b>1</b> Total revenue, gains, and other support per audited financial statements .....                       | <b>1</b>  | 70,391,987. |
| <b>2</b> Amounts included on line 1 but not on Form 990, Part VIII, line 12:                                  |           |             |
| <b>a</b> Net unrealized gains (losses) on investments .....   | <b>2a</b> |             |
| <b>b</b> Donated services and use of facilities .....   | <b>2b</b> | 825,731.    |
| <b>c</b> Recoveries of prior year grants .....  | <b>2c</b> |             |
| <b>d</b> Other (Describe in Part XIII.) .....   | <b>2d</b> |             |
| <b>e</b> Add lines <b>2a</b> through <b>2d</b> .....  | <b>2e</b> | 825,731.    |
| <b>3</b> Subtract line <b>2e</b> from line <b>1</b> .....   | <b>3</b>  | 69,566,256. |
| <b>4</b> Amounts included on Form 990, Part VIII, line 12, but not on line 1:                                 |           |             |
| <b>a</b> Investment expenses not included on Form 990, Part VIII, line 7b .....                               | <b>4a</b> |             |
| <b>b</b> Other (Describe in Part XIII.) .....   | <b>4b</b> |             |
| <b>c</b> Add lines <b>4a</b> and <b>4b</b> .....  | <b>4c</b> | 0.          |
| <b>5</b> Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) ..... | <b>5</b>  | 69,566,256. |

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

|  |           |             |
|--|-----------|-------------|
| <b>1</b> Total expenses and losses per audited financial statements .....                                      | <b>1</b>  | 69,022,144. |
| <b>2</b> Amounts included on line 1 but not on Form 990, Part IX, line 25:                                     |           |             |
| <b>a</b> Donated services and use of facilities .....  | <b>2a</b> | 825,731.    |
| <b>b</b> Prior year adjustments .....  | <b>2b</b> |             |
| <b>c</b> Other losses .....  | <b>2c</b> |             |
| <b>d</b> Other (Describe in Part XIII.) .....  | <b>2d</b> |             |
| <b>e</b> Add lines <b>2a</b> through <b>2d</b> .....   | <b>2e</b> | 825,731.    |
| <b>3</b> Subtract line <b>2e</b> from line <b>1</b> .....  | <b>3</b>  | 68,196,413. |
| <b>4</b> Amounts included on Form 990, Part IX, line 25, but not on line 1:                                    |           |             |
| <b>a</b> Investment expenses not included on Form 990, Part VIII, line 7b .....                                | <b>4a</b> |             |
| <b>b</b> Other (Describe in Part XIII.) .....  | <b>4b</b> |             |
| <b>c</b> Add lines <b>4a</b> and <b>4b</b> .....   | <b>4c</b> | 0.          |
| <b>5</b> Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) ..... | <b>5</b>  | 68,196,413. |

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART X, LINE 2:**

THE FUND RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE TAX POSITIONS ARE MORE LIKELY THAN NOT OF BEING SUSTAINED.

**SCHEDULE G**  
**(Form 990 or 990-EZ)**

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

**Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.**

**2018**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Name of the organization **EVERYTOWN FOR GUN SAFETY ACTION FUND, INC.**

Employer identification number  
**20-8802884**

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- |   |   |
|---|---|
| <b>a</b> <input checked="" type="checkbox"/> Mail solicitations               | <b>e</b> <input type="checkbox"/> Solicitation of non-government grants |
| <b>b</b> <input checked="" type="checkbox"/> Internet and email solicitations | <b>f</b> <input type="checkbox"/> Solicitation of government grants     |
| <b>c</b> <input checked="" type="checkbox"/> Phone solicitations              | <b>g</b> <input type="checkbox"/> Special fundraising events            |
| <b>d</b> <input checked="" type="checkbox"/> In-person solicitations          |   |

**2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☒ **Yes** ☐ **No**

**b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

| (i) Name and address of individual or entity (fundraiser)   | (ii) Activity                    | (iii) Did fundraiser have custody or control of contributions? |    | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col. (i) | (vi) Amount paid to (or retained by) organization |
|---|----------------------------------|--|----|-----------------------------------|---|---|
|   |                                  | Yes  | No |                                   |   |   |
| CAPITAL STRATEGIES - 13900 OLD HARBOR LANE, STE 108, O'BRIEN GARRETT - 1133 19TH STREET NW, SUITE 300, LISA PRESTA - 163 FOREST SIDE AVE, SAN FRANCISCO, CA 94127           | IN-PERSON SOLICITATION           |  | X  | 4,220,310.                        | 239,934.  | 3,980,376.  |
| JACKIE BROT-WEINBERG - 601 EAST 20TH STREET, 10F, NEW MKZ STRATEGIES & EVENTS, INC. - 1025 1ST STREET, SE, #103, SEA CHANGE STRATEGIES - 7409 BIRCH AVENUE, TAKOMA PARK, MD | MAIL SOLICITATION                |  | X  | 1,601,435.                        | 129,632.  | 1,471,803.  |
|   | IN-PERSON SOLICITATION           |  | X  | 962,000.                          | 42,236.   | 919,764.  |
|   | IN-PERSON SOLICITATION           |  | X  | 166,701.                          | 48,000.   | 118,701.  |
|   | IN-PERSON SOLICITATION           |  | X  | 102,500.                          | 7,500.  | 93,750.   |
|   | FUNDRAISING STRATEGIC CONSULTING |  | X  | 0.                                | 46,049.   | 0.  |
|   |                                  |  |    |                                   |   |   |
|   |                                  |  |    |                                   |   |   |
|   |                                  |  |    |                                   |   |   |
|   |                                  |  |    |                                   |   |   |
| <b>Total</b>  |                                  |  |    | 7,052,946.                        | 513,351.  | 6,584,394.  |

**3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

**AL, AR, CA, CO, FL, HI, IL, KS, KY, ME, MD, MA, MI, MN, MS, MO, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WV, WI, AK, DC, CT, GA, WA**

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**EVERYTOWN FOR GUN SAFETY ACTION FUND,**

Schedule G (Form 990 or 990-EZ) 2018 **INC.**

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**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

|                 |  | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events<br>(add col. (a) through<br>col. (c)) |
|-----------------|--|--------------|--------------|------------------|--|
|                 |  | (event type) | (event type) | (total number)   |  |
| Revenue         | <b>1</b> Gross receipts .....  |              |              |                  |  |
|                 | <b>2</b> Less: Contributions .....   |              |              |                  |  |
|                 | <b>3</b> Gross income (line 1 minus line 2) .....                            |              |              |                  |  |
| Direct Expenses | <b>4</b> Cash prizes .....   |              |              |                  |  |
|                 | <b>5</b> Noncash prizes .....  |              |              |                  |  |
|                 | <b>6</b> Rent/facility costs .....   |              |              |                  |  |
|                 | <b>7</b> Food and beverages .....  |              |              |                  |  |
|                 | <b>8</b> Entertainment .....   |              |              |                  |  |
|                 | <b>9</b> Other direct expenses .....   |              |              |                  |  |
|                 | <b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....  |              |              |                  |  |
|                 | <b>11</b> Net income summary. Subtract line 10 from line 3, column (d) ..... |              |              |                  |  |

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

|                 |   | (a) Bingo   | (b) Pull tabs/instant<br>bingo/progressive bingo                    | (c) Other gaming  | (d) Total gaming (add<br>col. (a) through col. (c)) |
|-----------------|---|---|---|---|---|
| Revenue         | <b>1</b> Gross revenue .....  |   |   |   |   |
| Direct Expenses | <b>2</b> Cash prizes .....  |   |   |   |   |
|                 | <b>3</b> Noncash prizes .....   |   |   |   |   |
|                 | <b>4</b> Rent/facility costs .....  |   |   |   |   |
|                 | <b>5</b> Other direct expenses .....  |   |   |   |   |
|                 | <b>6</b> Volunteer labor .....  | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No |   |
|                 | <b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) .....        |   |   |   |   |
|                 | <b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d) ..... |   |   |   |   |

**9** Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

**a** Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

**b** If "No," explain: \_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ No

**b** If "Yes," explain: \_\_\_\_\_

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**EVERYTOWN FOR GUN SAFETY ACTION FUND,**

Schedule G (Form 990 or 990-EZ) 2018 **INC.**

**20-8802884** Page **3**

- 11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity conducted in:
- |                                      |            |   |
|--------------------------------------|------------|---|
| <b>a</b> The organization's facility | <b>13a</b> | % |
| <b>b</b> An outside facility         | <b>13b</b> | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

**b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ► \$ \_\_\_\_\_

**c** If "Yes," enter name and address of the third party:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

- 16** Gaming manager information:

Name ► \_\_\_\_\_

Gaming manager compensation ► \$ \_\_\_\_\_

Description of services provided ► \_\_\_\_\_

☐ Director/officer

☐ Employee

☐ Independent contractor

- 17** Mandatory distributions:

**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

**b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

**SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:**

(I) NAME OF FUNDRAISER: CAPITAL STRATEGIES

(I) ADDRESS OF FUNDRAISER:

13900 OLD HARBOR LANE, STE 108, MARINA DEL RAY, CA 90292

(I) NAME OF FUNDRAISER: O'BRIEN GARRETT

(I) ADDRESS OF FUNDRAISER:

1133 19TH STREET NW, SUITE 300, WASHINGTON, DC 20036

**Part IV** Supplemental Information (continued)

(I) NAME OF FUNDRAISER: LISA PRESTA

(I) ADDRESS OF FUNDRAISER: 163 FOREST SIDE AVE, SAN FRANCISCO, CA 94127

(I) NAME OF FUNDRAISER: JACKIE BROT-WEINBERG

(I) ADDRESS OF FUNDRAISER: 601 EAST 20TH STREET, 10F, NEW YORK, NY 10010

(I) NAME OF FUNDRAISER: MKZ STRATEGIES & EVENTS, INC.

(I) ADDRESS OF FUNDRAISER: 1025 1ST STREET, SE, #103, WASHINGTON, DC 20003

(I) NAME OF FUNDRAISER: SEA CHANGE STRATEGIES

(I) ADDRESS OF FUNDRAISER: 7409 BIRCH AVENUE, TAKOMA PARK, MD 20912

PART I, LINE 2B, COLUMN (V):

ARRANGEMENT PROVIDES REIMBURSEMENT FOR EXPENSES OF \$22,851

**SCHEDULE I**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

Name of the organization **EVERYTOWN FOR GUN SAFETY ACTION FUND,  
INC.**

**Employer identification number**  
**20-8802884**

**Part I General Information on Grants and Assistance**

**1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ **Yes** ☒ **No**

**2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

| <b>1 (a)</b> Name and address of organization or government                                | <b>(b)</b> EIN | <b>(c)</b> IRC section (if applicable) | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of noncash assistance | <b>(h)</b> Purpose of grant or assistance   |
|--|----------------|--|---------------------------------|--|--|--|---|
| ACT FOR WOMEN AND GIRLS<br>1900 N DINUBA BLVD SUITE A<br>VISALIA, CA 93291                 | 26-0287450     | 501C3                                  | 5,000.                          | 0.                                       |  |  | MARCH FOR OUR LIVES                         |
| ACTION TOGETHER NEW JERSEY, INC.<br>16B LATHROP AVE<br>MADISON, NJ 07940                   | 82-2499279     | 501C3                                  | 5,000.                          | 0.                                       |  |  | MARCH FOR OUR LIVES                         |
| ACTION TOGETHER SUNCOAST<br>7822 49TH AVE E<br>BRADENTON, FL 34203                         | 81-5164300     | 501C4                                  | 5,000.                          | 0.                                       |  |  | MARCH FOR OUR LIVES                         |
| ACTION UTAH<br>7984 GAMBEL DRIVE<br>PARK CITY, UT 84098                                    | 82-0638284     | 501C4                                  | 35,973.                         | 0.                                       |  |  | GENERAL OPERATING SUPPORT                   |
| ALL SOULS COMMUNITY CHURCH OF WEST MICHIGAN - 2727 MICHIGAN ST NE - GRAND RAPIDS, MI 49506 | 38-3630764     | 501C3                                  | 5,000.                          | 0.                                       |  |  | MARCH FOR OUR LIVES                         |
| AMERICA VOTES<br>1155 CONNECTICUT AVE. NW, SUITE 600<br>WASHINGTON, DC 20036               | 26-4568349     |  | 50,000.                         | 0.                                       |  |  | 2018 AMERICA VOTES<br>NATIONAL PARTNER DUES |

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **78.**

**3** Enter total number of other organizations listed in the line 1 table **87.**

LHA **For Paperwork Reduction Act Notice, see the Instructions for Form 990.**

**Schedule I (Form 990) (2018)**

**EVERYTOWN FOR GUN SAFETY ACTION FUND,  
INC.**

Schedule I (Form 990)

20-8802884

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**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| AMERICAN FEDERATION OF TEACHERS - OKLAHOMA - 2915 N. CLASSEN BLVD, SUITE 420 - OKLAHOMA CITY, OK 73106                        | 73-1123371 |                               | 5,000.                   | 0.                                |   |  | MARCH FOR OUR LIVES                |
| AMERICAN STATE LEGISLATORS FOR GUN VIOLENCE PREVENTION, INC. - P.O. BOX 616, MADISON SQUARE STATION - NEW YORK, NY 10159-0616 | 47-2459996 |                               | 5,000.                   | 0.                                |   |  | GENERAL OPERATING SUPPORT          |
| AMERICANS FOR DEMOCRATIC ACTION EDUCATION FUND - 1629 K ST NW SUITE 300 - WASHINGTON, DC 20006                                | 52-1368977 |                               | 5,000.                   | 0.                                |   |  | MARCH FOR OUR LIVES                |
| ARIZONANS FOR GUN SAFETY 9920 S RURAL ROAD, SUITE 108, #36 TEMPE, AZ 85284  | 86-0981306 | 501C3                         | 5,000.                   | 0.                                |   |  | MARCH FOR OUR LIVES                |
| ARTS FOR PEACE OF ULSTER COUNTY, INC. - P. O. BOX 187 - NEW PALTZ, NY 12561   | 14-1819040 |                               | 5,000.                   | 0.                                |   |  | MARCH FOR OUR LIVES                |
| ATHENS ANTI-DISCRIMINATION MOVEMENT - PO BOX 49096 - ATHENS, GA 30604   | 82-1709502 |                               | 5,000.                   | 0.                                |   |  | MARCH FOR OUR LIVES                |
| BA RUDOLPH FOUNDATION P.O. BOX 21251 WASHINGTON, DC 20009   | 45-4005071 | 501C3                         | 5,000.                   | 0.                                |   |  | MARCH FOR OUR LIVES                |
| BAYSIDE HOYAS INC. P.O. BOX 22 CHESTERTOWN, MD 21620  | 46-3011616 |                               | 5,000.                   | 0.                                |   |  | MARCH FOR OUR LIVES                |
| BE SOMEONE WORLDWIDE 1260 FRUITVILLE PIKE LITITZ, PA 17543  | 47-3884654 |                               | 5,000.                   | 0.                                |   |  | MARCH FOR OUR LIVES                |

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| BETTER BOYS INITIATIVE INC.<br>3472 KING BRADFORD DR. APT D<br>BATON ROUGE, LA 70816                           | 47-3014684 |                               | 5,000.                   | 0.                                |   |  | MARCH FOR OUR LIVES                |
| BLUEGRASS ACTIVIST ALLIANCE<br>3012 BLEINHEIM WAY<br>LEXINGTON, KY 40503                                       | 82-4191070 |                               | 10,000.                  | 0.                                |   |  | MARCH FOR OUR LIVES                |
| BOARD OF TRUSTEES OF THE GLIDE<br>FOUNDATION - 330 ELLIS STREET,<br>SUITE 414 - SAN FRANCISCO, CA<br>94102     | 94-1156481 | 501C3                         | 5,000.                   | 0.                                |   |  | MARCH FOR OUR LIVES                |
| BOOK CLUBS 4 CHANGE<br>2073 MAGNOLIA WAY<br>WALNUT CREEK, CA 94595   | 47-4825844 | 501C3                         | 5,000.                   | 0.                                |   |  | MARCH FOR OUR LIVES                |
| BRIDGES USA, INC.<br>477 N. 5TH STREET<br>MEMPHIS, TN 38105  | 23-7081488 | 501C3                         | 5,000.                   | 0.                                |   |  | MARCH FOR OUR LIVES                |
| BUCKS COUNTY (PA) CHAPTER, THE<br>LINKS, INCORPORATED - PO BOX 1072<br>- DOYLESTOWN, PA 18901                  | 59-3811405 | 501C4                         | 5,000.                   | 0.                                |   |  | MARCH FOR OUR LIVES                |
| CALIFORNIA FEDERATION OF TEACHERS<br>2550 N. HOLLYWOOD WAY SUITE 400<br>BURBANK, CA 91505                      | 94-1271864 | 501C5                         | 5,000.                   | 0.                                |   |  | MARCH FOR OUR LIVES                |
| CEEDS OF PEACE<br>P. O. BOX 235696<br>HONOLULU, HI 96823   | 47-5670073 | 501C3                         | 5,000.                   | 0.                                |   |  | MARCH FOR OUR LIVES                |
| CENTRAL COAST ALLIANCE UNITED FOR<br>A SUSTAINABLE ECONOMY - 2021<br>SPERRY AVE SUITE 9 - VENTURA, CA<br>93003 | 77-0578864 |                               | 5,000.                   | 0.                                |   |  | MARCH FOR OUR LIVES                |

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| CHALLENGE DAY<br>2520 STANWELL DRIVE, SUITE 160<br>CONCORD, CA 94520                               | 94-3386810 | 501C3                         | 5,000.                   | 0.                                |   |  | MARCH FOR OUR LIVES                |
| CHICAGO WORKERS COLLABORATIVE<br>37 SOUTH ASHLAND AVE.<br>CHICAGO, IL 60607                        | 26-1470308 | 501C3                         | 5,000.                   | 0.                                |   |  | MARCH FOR OUR LIVES                |
| CHRIST CHURCH EPISCOPAL<br>2320 LANE STREET<br>LAREDO, TX 78043                                    | 74-1238419 | 501C3                         | 5,000.                   | 0.                                |   |  | MARCH FOR OUR LIVES                |
| CITIZENS POWER NETWORK, INC.<br>1102 CHANSLOR AVENUE<br>RICHMOND, CA 94801                         | 82-2650694 |                               | 5,000.                   | 0.                                |   |  | MARCH FOR OUR LIVES                |
| CLINTON FIRST UNITED METHODIST CHURCH - 621 S 3RD STREET -<br>CLINTON, IA 52732                    | 42-0716334 |                               | 5,000.                   | 0.                                |   |  | MARCH FOR OUR LIVES                |
| COALITION FOR THE REDUCTION/ELIMINATION OF ETHNIC DISPARITIES - 464126 SR 200 -<br>YULEE, FL 32097 | 11-3838344 | 501C3                         | 5,000.                   | 0.                                |   |  | MARCH FOR OUR LIVES                |
| COALITION OF NEBRASKANS AGAINST GUN VIOLENCE INC. - 217 WEST B STREET - MCCOOK, NE 69001           | 47-5236959 |                               | 5,000.                   | 0.                                |   |  | MARCH FOR OUR LIVES                |
| COMMUNITIES OF COLOR COALITION<br>PO BOX 472<br>EVERETT, WA 98206-0472                             | 42-1697145 | 501C3                         | 5,000.                   | 0.                                |   |  | MARCH FOR OUR LIVES                |
| COMMUNITY FOUNDATION OF THE OZARKS, INC. - PO BOX 8960 -<br>SPRINGFIELD, MO 65801                  | 23-7290968 |                               | 5,000.                   | 0.                                |   |  | MARCH FOR OUR LIVES                |

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| COMMUNITY SHARES OF GREATER CINCINNATI - 315 WEST COURT STREET - CINCINNATI, OH 45202 | 31-1445067 | 501C3                         | 5,000.                   | 0.                                |   |  | MARCH FOR OUR LIVES                |
| CT AGAINST GUN VIOLENCE EDUCATION FUND, INC. - PO BOX 123 - RIDGEFIELD, CT 06877      | 06-1460665 | 501C3                         | 20,000.                  | 0.                                |   |  | MARCH FOR OUR LIVES                |
| DALLAS FOUNDATION<br>3963 MAPLE AVENUE, SUITE 390<br>DALLAS, TX 75219                 | 75-2890371 |                               | 10,000.                  | 0.                                |   |  | IN SUPPORT OF STUDENT<br>MARCH ORG |
| DEREK HARRY GREELEY DBA ADATH EMANU-EL - 205 ELBO LANE - MOUNT LAUREL, NJ 08054       | 22-1851488 | 501C3                         | 5,000.                   | 0.                                |   |  | MARCH FOR OUR LIVES                |
| DGREENHOUSE, INC.<br>729 SOUTH HIGHLAND AVENUE #2<br>OAK PARK, IL 60304               | 27-4414607 | 501C3                         | 20,000.                  | 0.                                |   |  | MARCH FOR OUR LIVES                |
| ERIC REYES FOUNDATION<br>55 SPRINGTOWNE CENTER 325<br>VALLEJO, CA 94591               | 81-3958866 | 501C3                         | 5,000.                   | 0.                                |   |  | MARCH FOR OUR LIVES                |
| FAITH LUTHERAN CHURCH<br>41 N PARK BLVD<br>GLEN ELLYN, IL 60137                       | 36-2428850 | 501C3                         | 5,000.                   | 0.                                |   |  | MARCH FOR OUR LIVES                |
| FIRST BAPTIST CHURCH IN BEVERLY<br>221 CABOT STREET<br>BEVERLY, MA 01915              | 04-2253860 | 501C3                         | 5,000.                   | 0.                                |   |  | MARCH FOR OUR LIVES                |
| FIRST CONGREGATIONAL UNITED CHURCH OF CHRIST - 431 COLUMBUS AVE - SANDUSKY, OH 44870  | 34-4443128 | 501C3                         | 5,000.                   | 0.                                |   |  | MARCH FOR OUR LIVES                |

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| FIRST UNITED METHODIST CHURCH<br>VERMILLION - 16 N. DAKOTA STREET -<br>VERMILLION, SD 57069           | 46-0278422 | 501C3                         | 5,000.                   | 0.                                |   |  | MARCH FOR OUR LIVES  |
| FONDREN PRESBYTERIAN CHURCH<br>3220 OLD CANTON ROAD<br>JACKSON, MS 39216-4221                         | 64-0333596 | 501C3                         | 5,000.                   | 0.                                |   |  | MARCH FOR OUR LIVES  |
| FOOTHILLS COMMUNITY FOUNDATION<br>907 NORTH MAIN STREET<br>ANDERSON, SC 29621                         | 58-2453349 | 501C3                         | 5,000.                   | 0.                                |   |  | MARCH FOR OUR LIVES  |
| FUND FOR THE CITY OF NEW YORK<br>121 AVENUE OF THE AMERICAS 6TH FLOOR<br>NEW YORK, NY 10013           | 13-2612524 | 501C3                         | 10,000.                  | 0.                                |   |  | FISCAL SPONSOR FOR THE<br>CROWN HEIGHTS MEDITATION<br>CENTER |
| FUSE INNOVATION FUND<br>1402 THIRD AVE SUITE 406<br>SEATTLE, WA 98101                                 | 87-0800705 | 501C3                         | 5,000.                   | 0.                                |   |  | MARCH FOR OUR LIVES  |
| GEARUP2LEAD<br>615 SOUTH SAQINAW STREET<br>FLINT, MI 48502  | 47-2629774 |                               | 5,000.                   | 0.                                |   |  | MARCH FOR OUR LIVES  |
| GEORGIA ALLIANCE FOR SOCIAL<br>JUSTICE - 3213 LINDMOOR DRIVE -<br>DECATUR, GA 30033                   | 82-2204798 | 501C3                         | 5,000.                   | 0.                                |   |  | MARCH FOR OUR LIVES  |
| GEORGIA COALITION AGAINST DOMESTIC<br>VIOLENCE, INC. - 114 NEW STREET,<br>SUITE B - DECATUR, GA 30030 | 58-1854952 | 501C3                         | 16,000.                  | 0.                                |   |  | GENERAL OPERATING SUPPORT                                    |
| GEORGIA SHIFT INC.<br>P.O. BOX 14701<br>AUGUSTA, GA 30919   | 46-5280771 | 501C3                         | 5,000.                   | 0.                                |   |  | MARCH FOR OUR LIVES  |

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| GETSOME JOY LLC<br>269 E. 194TH STREET STE #2C<br>BRONX, NY 10458  | 82-4673322 |                               | 25,000.                  | 0.                                |   |  | OPERATIONS AND PROGRAMS FUNDED     |
| GRADUATE EMPLOYEES ORGANIZATION,<br>LOCAL 6300 IFT/AFT AFL-CIO - 809 S<br>5TH STREET, GENEVA ROOM -<br>CHAMPAIGN, IL 61820 | 37-1347073 | 501C5                         | 5,000.                   | 0.                                |   |  | MARCH FOR OUR LIVES                |
| GRANITE STATE PROGRESS<br>4 PARK STREET, SUITE 207<br>CONCORD, NH 03301  | 26-4489456 | 501C4                         | 5,000.                   | 0.                                |   |  | MARCH FOR OUR LIVES                |
| GREATER NEW ORLEANS UNIVERSITY OF<br>KENTUCKY ALUMNI ASSOCIATION - 8211<br>PLUM STREET - NEW ORLEANS, LA<br>70118          | 61-0419015 |                               | 5,000.                   | 0.                                |   |  | MARCH FOR OUR LIVES                |
| GUN SENSE VERMONT<br>PO BOX 2533<br>WEST BATTLEBORO, VT 05303  | 46-2840914 |                               | 5,000.                   | 0.                                |   |  | MARCH FOR OUR LIVES                |
| GUN VIOLENCE PREVENTION ACTION<br>COMMITTEE - 126 E. WING STREET STE<br>205 - ARLINGTON, IL 60004                          | 81-5180730 | 501C4                         | 53,000.                  | 0.                                |   |  | GENERAL OPERATING SUPPORT          |
| GUN VIOLENCE PREVENTION CENTER OF<br>UTAH - 406 E. BROADWAY #115 - SALT<br>LAKE, UT 84111                                  | 87-0681784 | 501C3                         | 5,000.                   | 0.                                |   |  | MARCH FOR OUR LIVES                |
| HARRISBURG CULTURAL AND SOCIAL<br>SERVICES CENTER INC. DBA LINK -<br>1800 W. MAIN STREET - TUPELO, MS<br>38801             | 01-0558961 | 501C3                         | 5,000.                   | 0.                                |   |  | MARCH FOR OUR LIVES                |
| HAZLETON INTEGRATION PROJECT, INC.<br>225 EAST 4TH STREET<br>HAZLETON, PA 18201  | 45-3444683 | 501C3                         | 5,000.                   | 0.                                |   |  | MARCH FOR OUR LIVES                |

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| IMHA WARRIORS INC.<br>4659 126TH DRIVE NORTH<br>WEST PALM BEACH, FL 33411  | 81-3287426 | 501C3                         | 5,000.                   | 0.                                |   |  | MARCH FOR OUR LIVES                |
| INDIVISIBLE CHARLOTTESVILLE<br>P. O. BOX 4645<br>CHARLOTTESVILLE, VA 22905   | 82-1620202 |                               | 5,000.                   | 0.                                |   |  | MARCH FOR OUR LIVES                |
| INDIVISIBLE EVANSVILLE, INC.<br>4099 PIGEON VALLEY ROAD<br>BOONVILLE, IN 47601   | 82-0919714 |                               | 5,000.                   | 0.                                |   |  | MARCH FOR OUR LIVES                |
| INDIVISIBLE KENTUCKY<br>PO BOX 5591<br>LOUISVILLE, KY 40255  | 81-5257791 |                               | 15,000.                  | 0.                                |   |  | MARCH FOR OUR LIVES                |
| INDIVISIBLE ST JOHNS<br>824 OAK ARBOR CIRCLE<br>SAINT AUGUSTINE, FL 32084  | 81-5411087 | 501C3                         | 5,000.                   | 0.                                |   |  | MARCH FOR OUR LIVES                |
| JOHN F. CRYAN ASSOCIATION<br>1964 MORRISON AVENUE<br>UNION , NJ 07083  | 13-4320980 | 501C3                         | 5,000.                   | 0.                                |   |  | MARCH FOR OUR LIVES                |
| LAKE SHORE BAPTIST CHURCH<br>5801 BISHOP DRIVE<br>WACO, TX 76710   | 74-2769146 |                               | 5,000.                   | 0.                                |   |  | MARCH FOR OUR LIVES                |
| LEAGUE OF WOMEN VOTERS OF FLORIDA<br>EDUCATION FUND, INC. - 2507<br>CALLAWAY ROAD, SUITE 102A -<br>TALLAHASSEE, FL 32303 | 59-1385724 |                               | 10,000.                  | 0.                                |   |  | MARCH FOR OUR LIVES                |
| LEAGUE OF WOMEN VOTERS OF THE MT<br>PLEASANT AREA - PO BOX 1352 -<br>MOUNT PLEASANT, MI 48804                            | 23-7017493 | 501C3                         | 5,000.                   | 0.                                |   |  | MARCH FOR OUR LIVES                |

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| LEGAL CHARITABLE FOUNDATION OF EL PASO - 500 EAST SAN ANTONIO, ROOM L-112 - EL PASO, TX 79901  | 26-1530532 | 501C3                         | 5,000.                   | 0.                                |   |  | MARCH FOR OUR LIVES                |
| MANHATTAN ALLIANCE FOR PEACE AND JUSTICE EDUCATION FUND - P. O. BOX 1561 - MANHATTAN, KS 66505 | 48-1158002 |                               | 5,000.                   | 0.                                |   |  | MARCH FOR OUR LIVES                |
| METRO JUSTICE EDUCATION FUND<br>1115 EAST MAIN STREET STE 207A<br>ROCHESTER, NY 14609          | 16-1019619 |                               | 5,000.                   | 0.                                |   |  | MARCH FOR OUR LIVES                |
| MID-WILLAMETTE NOW<br>6300 SW GRAND OAKS DRIVE B202<br>CORVALLIS, OR 97333                     | 82-1366528 | 501C3                         | 5,000.                   | 0.                                |   |  | MARCH FOR OUR LIVES                |
| MISSISSIPPI RISING COALITION<br>5 CHANDELEUR COVE<br>OCEAN SPRINGS, MS 39564                   | 81-2382364 |                               | 5,000.                   | 0.                                |   |  | MARCH FOR OUR LIVES                |
| MONTANA HUMAN RIGHTS NETWORK<br>PO BOX 1509<br>HELENA, MT 59624                                | 81-0472423 | 501C3                         | 10,000.                  | 0.                                |   |  | MARCH FOR OUR LIVES                |
| MORAL MOVEMENT AK<br>616 W. 10TH AVE<br>ANCHORAGE, AK 99501                                    | 23-7444837 |                               | 5,000.                   | 0.                                |   |  | MARCH FOR OUR LIVES                |
| NAMI TRI-VALLEY<br>P O BOX 5563<br>PLEASANTON, CA 94566  | 72-1610675 | 501C3                         | 5,000.                   | 0.                                |   |  | MARCH FOR OUR LIVES                |
| NATIONAL CONGRESS OF PARENTS AND TEACHERS - 1250 NORTH PITT ST - ALEXANDRIA, VA 22314          | 36-2169155 |                               | 20,000.                  | 0.                                |   |  | 2018 LEGISLATIVE CONFERENCE        |

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| NATIONAL COUNCIL OF JEWISH WOMEN<br>ST. LOUIS SECTION - 295 NORTH<br>LINDBERGH BLVD. - ST. LOUIS, MO<br>63141 | 43-0722936 | 501C3                         | 5,000.                   | 0.                                |   |  | MARCH FOR OUR LIVES                |
| NCSL FOUNDATION FOR STATE<br>LEGISLATURES - 7700 EAST FIRST<br>PLACE - DENVER, CO 80230                       | 74-2232576 | 501C3                         | 12,500.                  | 0.                                |   |  | 2017 GOLD SPONSORSHIP              |
| NEW FLORIDA MAJORITY EDUCATION<br>FUND - 10800 BISCAYNE BLVD. SUITE<br>1050 - MIAMI, FL 33161                 | 45-3956785 | 501C3                         | 5,000.                   | 0.                                |   |  | MARCH FOR OUR LIVES                |
| NEW MEXICO VOICES FOR CHILDREN<br>625 SILVER AVE SW, SUITE 195<br>ALBUQUERQUE, NM 87102                       | 85-0348301 |                               | 10,000.                  | 0.                                |   |  | MARCH FOR OUR LIVES                |
| NEXTGEN CLIMATE ACTION<br>111 SUTTER STREET<br>SAN FRANCISCO, CA 94104  | 46-1957345 | 501C4                         | 207,000.                 | 0.                                |   |  | TO SUPPORT "OUR LIVES OUR<br>VOTE" |
| NORTH CAROLINIANS AGAINST GUN<br>VIOLENCE EDUCATION FUND, INC. -<br>P.O. BOX 51565 - DURHAM, NC<br>27717-1565 | 56-1897050 | 501C3                         | 5,000.                   | 0.                                |   |  | MARCH FOR OUR LIVES                |
| NORTH DAKOTA WOMEN'S NETWORK<br>1120 COLLEGE DRIVE SUITE 100<br>BISMARCK, ND 58501                            | 61-1501980 | 501C3                         | 5,000.                   | 0.                                |   |  | MARCH FOR OUR LIVES                |
| NORTH VALLEY COMMUNITY FOUNDATION<br>240 MAIN STREET, SUITE 260<br>CHICO, CA 95928                            | 68-0161455 | 501C3                         | 5,000.                   | 0.                                |   |  | MARCH FOR OUR LIVES                |
| NORTHEASTERN PENNSYLVANIA YOUTH<br>SHELTER - 935 NORTH WEBSTER AVE -<br>SCRANTON, PA 18501                    | 81-3748747 |                               | 5,000.                   | 0.                                |   |  | MARCH FOR OUR LIVES                |

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| OKLAHOMANS FOR EQUALITY<br>621 E 4TH STREET<br>TULSA, OK 74120                                    | 73-1300864 |                               | 5,000.                   | 0.                                |   |  | MARCH FOR OUR LIVES                |
| OLD KING'S ORCHARD COMMUNITY<br>CENTER - 815 N. CHURCH STREET -<br>DECATUR, IL 62521              | 31-1646894 | 501C3                         | 5,000.                   | 0.                                |   |  | MARCH FOR OUR LIVES                |
| ONE PENNSYLVANIA<br>1414 BRIGHTON RD<br>PITTSBURGH, PA 15212                                      | 82-0714373 |                               | 5,000.                   | 0.                                |   |  | MARCH FOR OUR LIVES                |
| OREGON DISTRICT 2 INDIVISIBLE<br>943 B STREET<br>ASHLAND, OR 97520                                | 82-0734754 |                               | 5,000.                   | 0.                                |   |  | MARCH FOR OUR LIVES                |
| OREGON EDUCATION ASSOCIATION<br>6900 SW ATLANTA STREET<br>PORTLAND, OR 97223                      | 93-0243443 | 501C5                         | 5,000.                   | 0.                                |   |  | MARCH FOR OUR LIVES                |
| OTIS WILSON CHARITABLE ASSOCIATION<br>40 E CHICAGO AVE SUITE 170<br>CHICAGO, IL 60611             | 36-3825363 |                               | 5,000.                   | 0.                                |   |  | MARCH FOR OUR LIVES                |
| PALM SPRINGS UNIFIED SCHOOL<br>DISTRICT - 980 E. TAHQUITZ CANYON<br>WAY - PALM SPRINGS, CA 92262  | 52-1527179 | 501C3                         | 5,000.                   | 0.                                |   |  | MARCH FOR OUR LIVES                |
| PARTNERS IN PREVENTION EDUCATION<br>408 7TH AVE SE<br>OLYMPIA, WA 98501                           | 20-8845738 | 501C3                         | 5,000.                   | 0.                                |   |  | MARCH FOR OUR LIVES                |
| PASSAIC COUNTY EDUCATION<br>ASSOCIATION - 401 HAMBURG<br>TURNPIKE, SUITE 209 - WAYNE, NJ<br>07470 | 22-1918618 |                               | 5,000.                   | 0.                                |   |  | MARCH FOR OUR LIVES                |

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**EVERYTOWN FOR GUN SAFETY ACTION FUND,  
INC.**

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**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government   | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| PEACE LOVE GIRLS<br>405 NW 17TH STREET<br>DELRAY BEACH, FL 33444   | 90-0467699 | 501C3                         | 5,000.                   | 0.                                |   |  | MARCH FOR OUR LIVES                |
| PEACEWORKS KANSAS CITY<br>4509 WALNUT STREET<br>KANSAS CITY, MO 64111  | 43-1750571 | 501C4                         | 5,000.                   | 0.                                |   |  | MARCH FOR OUR LIVES                |
| PENNSYLVANIA UNITED<br>841 CALIFORNIA AVE<br>PITTSBURGH, PA 15212  | 82-3674888 | 501C4                         | 5,000.                   | 0.                                |   |  | MARCH FOR OUR LIVES                |
| PLANNED PARENTHOOD OF THE PACIFIC<br>SOUTHWEST - 1075 CAMINO DEL RIO<br>SOUTH SUITE 200 - SAN DIEGO, CA<br>92108 | 95-6111785 |                               | 5,000.                   | 0.                                |   |  | MARCH FOR OUR LIVES                |
| PRIDE COMMUNITY CENTER OF CENTRAL<br>NEW YORK, INC. - PO BOX 6608 -<br>SYRACUSE, NY 13217                        | 16-1492433 | 501C3                         | 5,000.                   | 0.                                |   |  | MARCH FOR OUR LIVES                |
| PROGRESSIVE MASSACHUSETTS INC.<br>15 COURT SQUARE, SUITE 650<br>BOSTON, MA 02108                                 | 46-1661182 |                               | 5,000.                   | 0.                                |   |  | MARCH FOR OUR LIVES                |
| PROTECT MINNESOTA<br>285 DALE ST N<br>SAINT PAUL, MN 55103   | 41-1733573 |                               | 5,000.                   | 0.                                |   |  | MARCH FOR OUR LIVES                |
| PUBLIC HIGHER EDUCATION NETWORK OF<br>MASSACHUSETTS, INC. - PO BOX 2249<br>- WORCESTER, MA 01613                 | 26-2005130 | 501C3                         | 5,000.                   | 0.                                |   |  | MARCH FOR OUR LIVES                |
| PULLEN MEMORIAL BAPTIST CHURCH<br>1801 HILLSBOROUGH STREET<br>RALEIGH, NC 27605                                  | 56-0629332 | 501C3                         | 5,000.                   | 0.                                |   |  | MARCH FOR OUR LIVES                |

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|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| REEL GRRLS<br>4408 DELRIDGE WAY SW #112<br>SEATTLE, WA 98106                          | 83-0396300 | 501C3                         | 5,000.                   | 0.                                |   |  | MARCH FOR OUR LIVES                |
| REMEMBERING DARIEN<br>184 FELLOWS STREET<br>SOUTH PORTLAND, ME 04106                  | 45-2373917 | 501C3                         | 5,000.                   | 0.                                |   |  | MARCH FOR OUR LIVES                |
| RHODE ISLAND GUN VIOLENCE<br>EDUCATION FUND - PO BOX 194 -<br>NEWPORT, RI 02440       | 47-1510129 |                               | 5,000.                   | 0.                                |   |  | MARCH FOR OUR LIVES                |
| RICHMOND PEACE EDUCATION CENTER<br>3500 PATTERSON AVENUE<br>RICHMOND, VA 23221        | 52-1199043 | 501C3                         | 5,000.                   | 0.                                |   |  | MARCH FOR OUR LIVES                |
| ROCKFORD URBAN MINISTRIES<br>201 7TH STREET<br>ROCKFORD, IL 61104                     | 36-2182099 |                               | 5,000.                   | 0.                                |   |  | MARCH FOR OUR LIVES                |
| SOCIAL GOOD FUND, INC.<br>12651-5473 SAN PABLO AVENUE<br>RICHMOND, CA 94805           | 46-1323531 |                               | 10,000.                  | 0.                                |   |  | MARCH FOR OUR LIVES                |
| SOROPTIMIST INTERNATIONAL OF<br>BENICIA - P O BOX 282 - BENICIA,<br>CA 94510          | 94-2359493 |                               | 5,000.                   | 0.                                |   |  | MARCH FOR OUR LIVES                |
| SOUTHERN UTE COMMUNITY ACTION<br>PROGRAMS, INC. - P.O. BOX 800 -<br>IGNACIO, CO 81137 | 84-0576978 | 501C3                         | 5,000.                   | 0.                                |   |  | MARCH FOR OUR LIVES                |
| SOUTHWEST SUBURBAN ACTIVISTS<br>80 CAMBRIDGE COURT<br>FRANKFORT, IL 60423             | 82-2919055 |                               | 5,000.                   | 0.                                |   |  | MARCH FOR OUR LIVES                |

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|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| ST. JOHN'S EPISCOPAL CHURCH<br>211 N MONROE ST<br>TALLAHASSEE, FL 32301  | 59-0624443 |                               | 5,000.                   | 0.                                |   |  | MARCH FOR OUR LIVES                |
| ST. MARY'S EPISCOPAL CHURCH<br>501 GREEN STREET<br>HADDON HEIGHTS, NJ 08035                                      | 22-2322356 | 501C3                         | 5,000.                   | 0.                                |   |  | MARCH FOR OUR LIVES                |
| ST. MICHAEL'S EPISCOPAL CHURCH<br>12415 CANTRELL ROAD<br>LITTLE ROCK, AR 72223                                   | 71-0691872 |                               | 5,000.                   | 0.                                |   |  | MARCH FOR OUR LIVES                |
| ST. PAUL'S UNITED METHODIST CHURCH<br>58 WEST MAIN STREET<br>MIDDLETOWN, NY 10940                                | 14-1364694 | 501C3                         | 5,000.                   | 0.                                |   |  | MARCH FOR OUR LIVES                |
| STUDENT GUN VIOLENCE SUMMIT<br>PO BOX 9691<br>CORAL SPRINGS, FL 33075  | 83-1217065 | 501C4                         | 30,000.                  | 0.                                |   |  | GENERAL OPERATING SUPPORT          |
| SUFFIELD YOUTH THEATER,<br>INCORPORATED - 102 QUAIL RUN ROAD<br>- SUFFIELD, CT 06078                             | 81-4032513 | 501C3                         | 5,000.                   | 0.                                |   |  | MARCH FOR OUR LIVES                |
| TEXAS AMERICAN FEDERATION OF<br>TEACHERS - 3000 J. IH 35 STE 175 -<br>AUSTIN, TX 78704                           | 74-1771404 | 501C5                         | 5,000.                   | 0.                                |   |  | MARCH FOR OUR LIVES                |
| THE BALTIMORE POLYTECHNIC<br>INSTITUTE FOUNDATION, INC. - 1400<br>WEST COLD SPRING LANE - BALTIMORE,<br>MD 21209 | 52-1604007 | 501C3                         | 5,000.                   | 0.                                |   |  | MARCH FOR OUR LIVES                |
| THE CENTER OF WICHITA<br>800 NORTH MARKET STREET<br>WICHITA, KS 67214  | 27-3339639 |                               | 5,000.                   | 0.                                |   |  | MARCH FOR OUR LIVES                |

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|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| THE EDUCATIONAL FUND TO STOP GUN VIOLENCE - 805 15TH STREET NW, SUITE 410 - WASHINGTON, DC 20005 | 52-1114375 | 501C3                         | 5,000.                   | 0.                                |   |  | AN EVENING TO STOP GUN VIOLENCE TABLE PURCHASE |
| THE GIRLS JUSTICE LEAGUE<br>4426 S. OSAGE AVE UNIT 1F<br>PHILADELPHIA, PA 19104                  | 46-0798392 | 501C3                         | 5,000.                   | 0.                                |   |  | MARCH FOR OUR LIVES                            |
| THE PEACE CENTER, INC.<br>102 WEST MAPLE AVENUE<br>LANGHORNE, PA 19047                           | 23-3047368 | 501C3                         | 5,000.                   | 0.                                |   |  | MARCH FOR OUR LIVES                            |
| THE SCOTT R. RILEY MEMORIAL FUND<br>DBA KIND HEARTS - 2 OVERLOCK DRIVE - NORRISTOWN, PA 19403    | 90-0502044 |                               | 5,000.                   | 0.                                |   |  | MARCH FOR OUR LIVES                            |
| THE UNITED METHODIST CHURCH OF PORT WASHINGTON - 35 MIDDLE NECK ROAD - PORT WASHINGTON, NY 11050 | 11-1872392 |                               | 5,000.                   | 0.                                |   |  | MARCH FOR OUR LIVES                            |
| THE UNITED STATES CONFERENCE OF MAYORS - 1620 EYE STREET NW #400 - WASHINGTON, DC 20006          | 53-0196642 | 501C3                         | 10,000.                  | 0.                                |   |  | UCSM CONFERENCE SPONSORING                     |
| THE URBAN LEAGUE OF PHILADELPHIA<br>121 SOUTH BROAD STREET<br>PHILADELPHIA, PA 19107             | 23-1429810 |                               | 5,000.                   | 0.                                |   |  | MARCH FOR OUR LIVES                            |
| THE VIRGINIA CIVIC ENGAGEMENT TABLE - PO BOX 8586 - RICHMOND, VA 23226                           | 47-5354509 |                               | 5,000.                   | 0.                                |   |  | MARCH FOR OUR LIVES                            |
| TRI-ISLE RESOURCE CONSERVATION & DEVELOPMENT COUNCIL, INC. - PO BOX 338 - KAHULUI, HI 96733      | 99-0278397 |                               | 5,000.                   | 0.                                |   |  | MARCH FOR OUR LIVES                            |

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|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| UKIAH UNITED METHODIST CHURCH<br>270 N. PINES STREET<br>UKIAH, CA 95482                             | 94-1386717 |                               | 5,000.                   | 0.                                |   |  | MARCH FOR OUR LIVES                |
| UNITARIAN UNIVERSALIST<br>CONGREGATION OF SALEM - 5090<br>CENTER STREET NE - SALEM, OR 97317        | 93-0594534 | 501C3                         | 5,000.                   | 0.                                |   |  | MARCH FOR OUR LIVES                |
| UNITARIAN-UNIVERSALIST CHURCH OF<br>PORTSMOUTH - 292 STATE STREET -<br>PORTSMOUTH, NH 03801         | 02-0231628 | 501C3                         | 5,000.                   | 0.                                |   |  | MARCH FOR OUR LIVES                |
| UNITED CONGREGATIONS OF METRO-EAST<br>P.O. BOX 166, 1657 FIFTH STREET<br>MADISON, IL 62060          | 36-4409776 |                               | 5,000.                   | 0.                                |   |  | MARCH FOR OUR LIVES                |
| UPSTATE COALITION FOR EQUALITY<br>31 TELLICO STREET<br>SIMPSONVILLE, SC 29681                       | 81-5276628 | 501C4                         | 5,000.                   | 0.                                |   |  | MARCH FOR OUR LIVES                |
| URBAN CREATORS<br>2315 N. 11TH STREET<br>PHILADELPHIA, PA 19133                                     | 46-4004947 |                               | 15,000.                  | 0.                                |   |  | GENERAL OPERATING SUPPORT          |
| VALENCIA HIGH SCHOOL ASSOCIATED<br>STUDENT BODY - 27801 N. DICKASON<br>DRIVE - VALENCIA, CA 91355   | 95-6001532 | 501C3                         | 5,000.                   | 0.                                |   |  | MARCH FOR OUR LIVES                |
| VALLEY OF THE FLOWERS UNITED<br>CHURCH OF CHRIST - 3346<br>CONSTELLATION ROAD - LOMPOC, CA<br>93436 | 95-2274593 | 501C3                         | 5,000.                   | 0.                                |   |  | MARCH FOR OUR LIVES                |
| VOLUSIA UNITED EDUCATORS, INC.<br>1381 EDUCATORS ROAD<br>DAYTONA BEACH, FL 32124                    | 59-2867778 |                               | 5,000.                   | 0.                                |   |  | MARCH FOR OUR LIVES                |

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|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| WAVE EDUCATION FUND, INC.<br>PO BOX 170393<br>MILWAUKEE, WI 53217   | 39-1917076 |                               | 5,000.                   | 0.                                |   |  | MARCH FOR OUR LIVES                |
| WE LIVE, INC.<br>10246 GATE DRIVE<br>INDIANAPOLIS, IN 46239   | 82-2664753 |                               | 5,000.                   | 0.                                |   |  | MARCH FOR OUR LIVES                |
| WESTCHESTER MARTIN LUTHER KING, JR. INSTITUTE FOR NONVIOLENCE -<br>250 BRYANT AVENUE - WHITE PLAINS, NY 10605                     | 13-3736064 | 501C3                         | 10,350.                  | 0.                                |   |  | MARCH FOR OUR LIVES                |
| WESTERN KENTUCKY UNIVERSITY<br>RESEARCH FOUNDATION, INC. - 1906<br>COLLEGE HEIGHTS BLVD. #11026 -<br>BOWLING GREEN, KY 42101-1026 | 61-1358086 | 501C3                         | 5,000.                   | 0.                                |   |  | MARCH FOR OUR LIVES                |
| WEUNITE. US INC.<br>3263 NW 61 STREET<br>BOCA RATON, FL 33496   | 82-4663426 |                               | 5,000.                   | 0.                                |   |  | MARCH FOR OUR LIVES                |
| WHATCOM PEACE & JUSTICE CENTER<br>P.O. BOX 2444<br>BELLINGHAM, WA 98227   | 73-1718930 | 501C3                         | 5,000.                   | 0.                                |   |  | MARCH FOR OUR LIVES                |
| WHOM IT CONCERNS, INC.<br>3648 SALARY STREET<br>MONTGOMERY, AL 36110  | 26-4820519 | 501C3                         | 5,000.                   | 0.                                |   |  | MARCH FOR OUR LIVES                |
| WOMEN FOR PROGRESS<br>393 CRESCENT AVE<br>WYCKOFF, NJ 07481   | 82-1587952 |                               | 5,000.                   | 0.                                |   |  | MARCH FOR OUR LIVES                |
| WOMEN MATTER<br>100 W. UNAKA AVE<br>JOHNSON CITY, TN 37604  | 30-0966622 | 501C4                         | 5,000.                   | 0.                                |   |  | MARCH FOR OUR LIVES                |

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| WOMEN'S CAMPAIGN INTERNATIONAL<br>3701 CHESTNUT STREET, 6 FLOOR<br>PHILADELPHIA, PA 19104               | 23-2975823 | 501C3                         | 5,000.                   | 0.                                |   |  | MARCH FOR OUR LIVES                |
| WOMEN'S MARCH FLORIDA<br>533 NE 3RD AVENUE, APT. 247<br>FORT LAUDERDALE, FL 33301                       | 82-1382595 | 501C4                         | 5,000.                   | 0.                                |   |  | MARCH FOR OUR LIVES                |
| WOMEN'S MARCH JACKSONVILLE<br>4300 SOUTH BEACH PKWY, UNIT 4314<br>JACKSONVILLE BEACH, FL 32250          | 82-1382595 | 501C4                         | 5,000.                   | 0.                                |   |  | MARCH FOR OUR LIVES                |
| WOMEN'S MARCH LA FOUNDATION<br>11500 W. OLYMPIC BLVD #400<br>LOS ANGELES, CA 90064                      | 81-4450467 | 501C4                         | 5,000.                   | 0.                                |   |  | MARCH FOR OUR LIVES                |
| WOMEN'S MARCH ON WASHINGTON -<br>INDIANA, INCORPORATED - 7820<br>ELLIPSE PARKWAY - FISHERS, IN<br>46038 | 82-3898805 | 501C3                         | 5,000.                   | 0.                                |   |  | MARCH FOR OUR LIVES                |
| Y NOT U 2 INC<br>1800 KILLIAN LAKES DR., APT. 7302<br>COLUMBIA, SC 29203                                | 46-2596177 |                               | 5,000.                   | 0.                                |   |  | MARCH FOR OUR LIVES                |
| YOUNG WOMEN'S CHRISTIAN<br>ASSOCIATION - 1018 JEFFERSON AVE -<br>TOLEDO, OH 43604                       | 34-4428265 |                               | 5,000.                   | 0.                                |   |  | MARCH FOR OUR LIVES                |
| YOUNG WOMEN'S CHRISTIAN<br>ASSOCIATION ST. JOSEPH - 304 N.<br>8TH STREET - SAINT JOSEPH, MO<br>64501    | 44-0552219 | 501C3                         | 5,000.                   | 0.                                |   |  | MARCH FOR OUR LIVES                |
| YWCA OF SOUTHERN ARIZONA<br>525 N. BONITA AVENUE<br>TUCSON, AZ 85745                                    | 86-0098937 | 501C3                         | 5,000.                   | 0.                                |   |  | MARCH FOR OUR LIVES                |

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|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| SAFE SCHOOLS SAFE COMMUNITIES<br>PO BOX 4187<br>SEATTLE, WA 98194             | 82-5334501 |                               | 450,000.                 | 0.                                |   |  | GENERAL OPERATING SUPPORT          |
| KANSAS VALUES INSTITUTE<br>PO BOX 97<br>LAWRENCE, KS 66044                    | 45-2621342 | 501C4                         | 815,000.                 | 0.                                |   |  | GENERAL OPERATING SUPPORT          |
| LEADING UPWARD, INC.<br>PO BOX 275<br>CEDAR RAPIDS, IA 52406-0275             | 47-5677411 | 501C4                         | 50,000.                  | 0.                                |   |  | GENERAL OPERATING SUPPORT          |
| RUN FOR SOMETHING ACTION FUND<br>202 EYE ST., NE #280<br>WASHINGTON, DC 20002 | 81-4761176 | 501C4                         | 10,000.                  | 0.                                |   |  | GENERAL OPERATING SUPPORT          |
| THE ALASKA CENTER<br>921 WEST 6TH AVENUE, SUITE 200<br>ANCHORAGE, AK 99501    | 92-0090065 | 501C4                         | 10,000.                  | 0.                                |   |  | GENERAL OPERATING SUPPORT          |
| UNITED FOR CLEAN POWER, INC.<br>PO BOX 91024<br>WASHINGTON, DC 20090          | 47-2886317 | 501C4                         | 10,000.                  | 0.                                |   |  | GENERAL OPERATING SUPPORT          |
|   |            |                               |                          |                                   |   |  |                                    |
|   |            |                               |                          |                                   |   |  |                                    |
|   |            |                               |                          |                                   |   |  |                                    |

Schedule I (Form 990)



**EVERYTOWN FOR GUN SAFETY ACTION FUND,  
INC.**

20-8802884

**Part III** **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|---------------------------------------|
|                                 |                          |                          |                                   |   |                                       |
|                                 |                          |                          |                                   |   |                                       |
|                                 |                          |                          |                                   |   |                                       |
|                                 |                          |                          |                                   |   |                                       |
|                                 |                          |                          |                                   |   |                                       |
|                                 |                          |                          |                                   |   |                                       |

**Part IV** **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

**PART I, LINE 2:**

THE ORGANIZATION MAINTAINS COPIES OF THE AGREEMENTS AND MONITORS EACH  
GRANTEE'S PERFORMANCE.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

|   |   |
|---|---|
| Name of the organization<br><b>EVERYTOWN FOR GUN SAFETY ACTION FUND,<br/>INC.</b> | Employer identification number<br><b>20-8802884</b> |
|---|---|

**Part I Questions Regarding Compensation**

|  |           | Yes | No       |
|--|-----------|-----|----------|
| <b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.<br><input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Housing allowance or residence for personal use<br><input type="checkbox"/> Travel for companions <input type="checkbox"/> Payments for business use of personal residence<br><input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Health or social club dues or initiation fees<br><input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |           |     |          |
| <b>b</b> If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....  | <b>1b</b> |     |          |
| <b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....  | <b>2</b>  |     |          |
| <b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.<br><input type="checkbox"/> Compensation committee <input type="checkbox"/> Written employment contract<br><input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Compensation survey or study<br><input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Approval by the board or compensation committee  |           |     |          |
| <b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:  |           |     |          |
| <b>a</b> Receive a severance payment or change-of-control payment? .....   | <b>4a</b> |     | <b>X</b> |
| <b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....   | <b>4b</b> |     | <b>X</b> |
| <b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? .....  | <b>4c</b> |     | <b>X</b> |
| If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.  |           |     |          |
| <b>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>  |           |     |          |
| <b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:  |           |     |          |
| <b>a</b> The organization? .....   | <b>5a</b> |     | <b>X</b> |
| <b>b</b> Any related organization? .....   | <b>5b</b> |     | <b>X</b> |
| If "Yes" on line 5a or 5b, describe in Part III.   |           |     |          |
| <b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:  |           |     |          |
| <b>a</b> The organization? .....   | <b>6a</b> |     | <b>X</b> |
| <b>b</b> Any related organization? .....   | <b>6b</b> |     | <b>X</b> |
| If "Yes" on line 6a or 6b, describe in Part III.   |           |     |          |
| <b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....   | <b>7</b>  |     | <b>X</b> |
| <b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....   | <b>8</b>  |     | <b>X</b> |
| <b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....  | <b>9</b>  |     |          |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2018

**EVERYTOWN FOR GUN SAFETY ACTION FUND,  
INC.**

Schedule J (Form 990) 2018

**20-8802884**

Page **2**

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

| (A) Name and Title   |      | (B) Breakdown of W-2 and/or 1099-MISC compensation |                                     |                                     | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|--|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
|  |      | (i) Base compensation                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |  |                         |                                 |   |
| (1) MATTHEW MCTIGHE<br>CHIEF OPERATIONS OFFICER            | (i)  | 350,710.   | 0.                                  | 0.                                  | 10,656.  | 10,819.                 | 372,185.                        | 0.  |
|  | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (2) DEBORAH GRIGSBY WEIR<br>SENIOR MANAGING DIRECTOR       | (i)  | 288,320.   | 0.                                  | 0.                                  | 10,150.  | 31,200.                 | 329,670.                        | 0.  |
|  | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (3) KRISTEN CATHERINE FOLMAR<br>COMMUNICATIONS DIRECTOR    | (i)  | 186,299.   | 0.                                  | 0.                                  | 4,117.   | 1,708.                  | 192,124.                        | 0.  |
|  | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (4) STEPHANIE GENT<br>MANAGING DIRECTOR OF STRATEGY AND MA | (i)  | 178,948.   | 0.                                  | 0.                                  | 7,216.   | 10,729.                 | 196,893.                        | 0.  |
|  | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (5) CORI ANN HERBIG<br>DIRECTOR OF STATE AFFAIRS           | (i)  | 162,554.   | 0.                                  | 0.                                  | 5,770.   | 31,049.                 | 199,373.                        | 0.  |
|  | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (6) WILLIAM ROSEN<br>MANAGING DIRECTOR OF STATE POLICY &   | (i)  | 164,770.   | 0.                                  | 0.                                  | 6,629.   | 21,264.                 | 192,663.                        | 0.  |
|  | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
|  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
|  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
|  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
|  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
|  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
|  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
|  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
|  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
|  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |

Schedule J (Form 990) 2018

[illegible]

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

- ▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
- ▶ **Attach to Form 990.**
- ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Name of the organization **EVERYTOWN FOR GUN SAFETY ACTION FUND,  
INC.**

Employer identification number  
**20-8802884**

**Part I Types of Property**

|   | (a)<br>Check if<br>applicable | (b)<br>Number of<br>contributions or<br>items contributed | (c)<br>Noncash contribution<br>amounts reported on<br>Form 990, Part VIII, line 1g | (d)<br>Method of determining<br>noncash contribution amounts |
|---|-------------------------------|---|--|--|
| 1 Art - Works of art .....  |                               |   |  |  |
| 2 Art - Historical treasures .....                                    |                               |   |  |  |
| 3 Art - Fractional interests .....                                    |                               |   |  |  |
| 4 Books and publications .....  |                               |   |  |  |
| 5 Clothing and household goods .....                                  |                               |   |  |  |
| 6 Cars and other vehicles .....                                       |                               |   |  |  |
| 7 Boats and planes .....  |                               |   |  |  |
| 8 Intellectual property .....   |                               |   |  |  |
| 9 Securities - Publicly traded .....                                  | <b>X</b>                      | <b>8</b>  | <b>1,059,099.FMV</b>   |  |
| 10 Securities - Closely held stock .....                              |                               |   |  |  |
| 11 Securities - Partnership, LLC, or<br>trust interests .....         |                               |   |  |  |
| 12 Securities - Miscellaneous .....                                   |                               |   |  |  |
| 13 Qualified conservation contribution -<br>Historic structures ..... |                               |   |  |  |
| 14 Qualified conservation contribution - Other ...                    |                               |   |  |  |
| 15 Real estate - Residential .....                                    |                               |   |  |  |
| 16 Real estate - Commercial .....                                     |                               |   |  |  |
| 17 Real estate - Other .....  |                               |   |  |  |
| 18 Collectibles .....   |                               |   |  |  |
| 19 Food inventory .....   |                               |   |  |  |
| 20 Drugs and medical supplies .....                                   |                               |   |  |  |
| 21 Taxidermy .....  |                               |   |  |  |
| 22 Historical artifacts .....   |                               |   |  |  |
| 23 Scientific specimens .....   |                               |   |  |  |
| 24 Archeological artifacts .....                                      |                               |   |  |  |
| 25 Other ▶ ( .....  |                               |   |  |  |
| 26 Other ▶ ( .....  |                               |   |  |  |
| 27 Other ▶ ( .....  |                               |   |  |  |
| 28 Other ▶ ( .....  |                               |   |  |  |

**29** Number of Forms 8283 received by the organization during the tax year for contributions  
for which the organization completed Form 8283, Part IV, Donee Acknowledgement .....

**29**

**30a** During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it  
must hold for at least three years from the date of the initial contribution, and which isn't required to be used for  
exempt purposes for the entire holding period? .....

**b** If "Yes," describe the arrangement in Part II.

**31** Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? .....

**32a** Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash  
contributions? .....

**b** If "Yes," describe in Part II.

**33** If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,  
describe in Part II.

|            | Yes | No       |
|------------|-----|----------|
| <b>30a</b> |     | <b>X</b> |
| <b>31</b>  |     | <b>X</b> |
| <b>32a</b> |     | <b>X</b> |
| <b>33</b>  |     |          |

LHA **For Paperwork Reduction Act Notice, see the Instructions for Form 990.**

**Schedule M (Form 990) 2018**

**Part II** **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

THE ORGANIZATION RECEIVED EIGHT SEPARATE GIFTS OF PUBLICLY TRADED SECURITIES.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**

Open to Public  
Inspection

Name of the organization

EVERYTOWN FOR GUN SAFETY ACTION FUND,  
INC.

Employer identification number  
20-8802884

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

LEGISLATION AND INITIATIVES AND REDUCING GUN VIOLENCE THROUGH THE  
EDUCATION OF POLICYMAKERS, THE PUBLIC, AND THE MEDIA AND ORGANIZING  
COMMUNITIES IN SUPPORT OF GUN SAFETY.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

PEOPLE WHO POSE A DANGER TO THEMSELVES OR OTHERS. THAT SUCCESS CARRIED  
OVER INTO THE MIDTERM ELECTIONS, WHEN VOTERS ELECTED EVERYTOWN-BACKED  
GUN SENSE CHAMPIONS UP AND DOWN THE BALLOT.

FORM 990, PART VI, SECTION A, LINE 6:

THE ORGANIZATION'S BYLAWS PROVIDE THAT THE ORGANIZATION'S BOARD OF  
DIRECTORS WILL SERVE AS THE MEMBERS OF THE ORGANIZATION.

FORM 990, PART VI, SECTION A, LINE 7A:

THE ORGANIZATION'S BYLAWS PROVIDE THAT THE ORGANIZATION'S BOARD OF  
DIRECTORS WILL SERVE AS THE MEMBERS OF THE ORGANIZATION, WHO WILL ELECT THE  
MEMBERS OF THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION A, LINE 8B:

THE CORPORATION HAS NO COMMITTEES WITH AUTHORITY TO ACT ON BEHALF OF THE  
GOVERNING BOARD.

FORM 990, PART VI, SECTION B, LINE 11B:

ALL OF THE DIRECTORS WILL BE PROVIDED WITH A COPY OF THE CURRENT YEAR FORM  
990 BEFORE THE PRESIDENT SIGNS AND FILES THE RETURN.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2018)

**\*\*Public Disclosure Copy\*\***

Schedule O (Form 990 or 990-EZ) (2018)

Page **2**

Name of the organization **EVERYTOWN FOR GUN SAFETY ACTION FUND, INC.**

Employer identification number  
**20-8802884**

FORM 990, PART VI, SECTION B, LINE 12C:

THE BOARD OF DIRECTORS REQUIRES FULL DISCLOSURE OF ALL ACTUAL AND POTENTIAL CONFLICTS OF INTEREST. EACH DIRECTOR SHALL DISCLOSE ANY AND ALL FACTS THAT MAY BE CONSTRUED AS A CONFLICT OF INTEREST, BOTH THROUGH AN ANNUAL DISCLOSURE PROCESS AND WHENEVER SUCH ACTUAL OR POTENTIAL CONFLICT OCCURS.

THE BOARD OF DIRECTORS WILL DETERMINE WHETHER OR NOT A CONFLICT OF INTEREST EXISTS, AND WHETHER OR NOT SUCH CONFLICT MATERIALLY AND ADVERSELY AFFECTS THE INTERESTS OF EVERYTOWN FOR GUN SAFETY ACTION FUND INC. A DIRECTOR WHOSE POTENTIAL CONFLICT IS UNDER REVIEW MAY NOT DEBATE, VOTE, OR OTHERWISE PARTICIPATE IN SUCH DETERMINATION. IF THE BOARD OF DIRECTORS DETERMINES THAT AN ACTUAL OR POTENTIAL CONFLICT OF INTEREST DOES EXIST, THE BOARD SHALL ALSO DETERMINE AN APPROPRIATE REMEDY.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AL,AR,CA,FL,HI,IL,KS,KY,MA,MD,MN,MO,MS,NC,NH,NJ,NM,NY,OR,PA,RI,SC,TN,UT,VA  
WI,WV,GA

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS CERTIFICATE OF INCORPORATION, BYLAWS, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. REQUEST FOR REVIEWING THE ORGANIZATION'S DOCUMENTS CAN BE ADDRESSED TO THE ORGANIZATION IN CARE OF GELLER ADVISORS LLC AS NOTED IN PART VI, SECTION C, QUESTION 20.

COST SHARING AGREEMENT:

THE ORGANIZATION IS PARTY TO A COST SHARING AGREEMENT WITH EVERYTOWN FOR GUN SAFETY SUPPORT FUND, INC.





**SCHEDULE R**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

Name of the organization **EVERYTOWN FOR GUN SAFETY ACTION FUND, INC.** Employer identification number **20-8802884**

**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

| (a)<br>Name, address, and EIN (if applicable)<br>of disregarded entity | (b)<br>Primary activity | (c)<br>Legal domicile (state or<br>foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>Direct controlling<br>entity |
|--|-------------------------|---|---------------------|---------------------------|-------------------------------------|
|  |                         |   |                     |                           |                                     |
|  |                         |   |                     |                           |                                     |
|  |                         |   |                     |                           |                                     |
|  |                         |   |                     |                           |                                     |
|  |                         |   |                     |                           |                                     |
|  |                         |   |                     |                           |                                     |
|  |                         |   |                     |                           |                                     |
|  |                         |   |                     |                           |                                     |
|  |                         |   |                     |                           |                                     |
|  |                         |   |                     |                           |                                     |
|  |                         |   |                     |                           |                                     |
|  |                         |   |                     |                           |                                     |
|  |                         |   |                     |                           |                                     |
|  |                         |   |                     |                           |                                     |

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

| (a)<br>Name, address, and EIN<br>of related organization   | (b)<br>Primary activity | (c)<br>Legal domicile (state or<br>foreign country) | (d)<br>Exempt Code<br>section | (e)<br>Public charity<br>status (if section<br>501(c)(3)) | (f)<br>Direct controlling<br>entity              | (g)<br>Section 512(b)(13)<br>controlled<br>entity? |    |
|--|-------------------------|---|-------------------------------|---|--|--|----|
|  |                         |   |                               |   |  | Yes  | No |
| EVERYTOWN FOR GUN SAFETY ACTION FUND FOR<br>I-594 - 47-1251965, 60 STEWART STREET, STE<br>819, SEATTLE, WA 98101 | EDUCATION AND ADVOCACY  | WASHINGTON  | 501(C)(4)                     | N/A   | EVERYTOWN FOR GUN<br>SAFETY ACTION<br>FUND, INC. | X  |    |
| NEVADANS FOR BACKGROUND CHECKS - 47-1392308<br>401 S. CURRY STREET<br>CARSON CITY, NV 89703                      | EDUCATION AND ADVOCACY  | NEVADA  | 501(C)(4)                     | N/A   | EVERYTOWN FOR GUN<br>SAFETY ACTION<br>FUND, INC. | X  |    |
| EVERYTOWN BALLOT VICTORY FUND - 47-2746416<br>P.O. BOX 4184<br>NEW YORK, NY 10163                                | EDUCATION AND ADVOCACY  | DELAWARE  | 501(C)(4)                     | N/A   | EVERYTOWN FOR GUN<br>SAFETY ACTION<br>FUND, INC. | X  |    |
| EVERYTOWN FOR GUN SAFETY VICTORY FUND -<br>81-3928802, P.O. BOX 4184, NEW YORK, NY<br>10163                      | POLITICAL ACTIVITY      | DELAWARE  | 527                           | N/A   | EVERYTOWN FOR GUN<br>SAFETY ACTION<br>FUND, INC. | X  |    |

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2018

## Schedule R (Form 990) 2018

Page 2

## Part III

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

## Part IV

**EVERYTOWN FOR GUN SAFETY ACTION FUND,  
INC.**

Schedule R (Form 990) 2018

20-8802884 Page 3

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

|  | Yes       | No |
|--|-----------|----|
| <b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? |           |    |
| <b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity .....                   | <b>1a</b> | X  |
| <b>b</b> Gift, grant, or capital contribution to related organization(s) .....   | <b>1b</b> | X  |
| <b>c</b> Gift, grant, or capital contribution from related organization(s) .....   | <b>1c</b> | X  |
| <b>d</b> Loans or loan guarantees to or for related organization(s) .....  | <b>1d</b> | X  |
| <b>e</b> Loans or loan guarantees by related organization(s) .....   | <b>1e</b> | X  |
| <b>f</b> Dividends from related organization(s) .....  | <b>1f</b> | X  |
| <b>g</b> Sale of assets to related organization(s) .....   | <b>1g</b> | X  |
| <b>h</b> Purchase of assets from related organization(s) .....   | <b>1h</b> | X  |
| <b>i</b> Exchange of assets with related organization(s) .....   | <b>1i</b> | X  |
| <b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....  | <b>1j</b> | X  |
| <b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....  | <b>1k</b> | X  |
| <b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....  | <b>1l</b> | X  |
| <b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....   | <b>1m</b> | X  |
| <b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....   | <b>1n</b> | X  |
| <b>o</b> Sharing of paid employees with related organization(s) .....  | <b>1o</b> | X  |
| <b>p</b> Reimbursement paid to related organization(s) for expenses .....  | <b>1p</b> | X  |
| <b>q</b> Reimbursement paid by related organization(s) for expenses .....  | <b>1q</b> | X  |
| <b>r</b> Other transfer of cash or property to related organization(s) .....   | <b>1r</b> | X  |
| <b>s</b> Other transfer of cash or property from related organization(s) .....   | <b>1s</b> | X  |

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

| (a)<br>Name of related organization | (b)<br>Transaction<br>type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|-------------------------------------|----------------------------------|------------------------|--|
| (1)                                 |                                  |                        |  |
| (2)                                 |                                  |                        |  |
| (3)                                 |                                  |                        |  |
| (4)                                 |                                  |                        |  |
| (5)                                 |                                  |                        |  |
| (6)                                 |                                  |                        |  |

## Schedule R (Form 990) 2018

Page 4

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

**Part VII** Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.